MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11452

e. IS RESIDENCE

ON A EARM?

YES NO TE

60

Year

IF UNDER 24 HRS.

PERFORMED?

DATE SIGNED

(State)

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(State)

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Hours

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	LASA CERTIFICATE OF DEATH Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE o	Survive
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2. NSecond AVE 2. NSecond AVE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) S. BLANCHE AHL 4. DATE Month OF DEATH Feb	Doy Year 19 1960
E	EMALE White WIDOWED DIVORCED DEC31-1877 82 yrs. Months 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10.	2. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 11. DIRTHPLACE (Stote of foreign country)	S. A.
13.	FRORGE W. STRONG 14. MOTHER'S MAIDEN NAME TRONG 14. MOTHER'S MAIDEN NAME TOWSON	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RADIO (If yes, give wer or dates of service) RALPH L. AHL 428 Uests	tire Drive
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	33/X DUE TO GARCAEN - Allerday	10 0/2 -
7	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Pour Day, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Nat while of work of	ounty) (State)
	alive on 3/19/40, 19, and that death accurred at 7450 M, from the causes and an the	ast saw the deceased addes stated above
	ACTUAL SIGNATURE Class L. Bally. M.D. Fintherman Type	- 2/30/60
200	PHYSICIAN'S CHARLES L. BALL JR.	
1.	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BALTIMORE 22d. LOCATION (City, town, or county) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	(Stote)

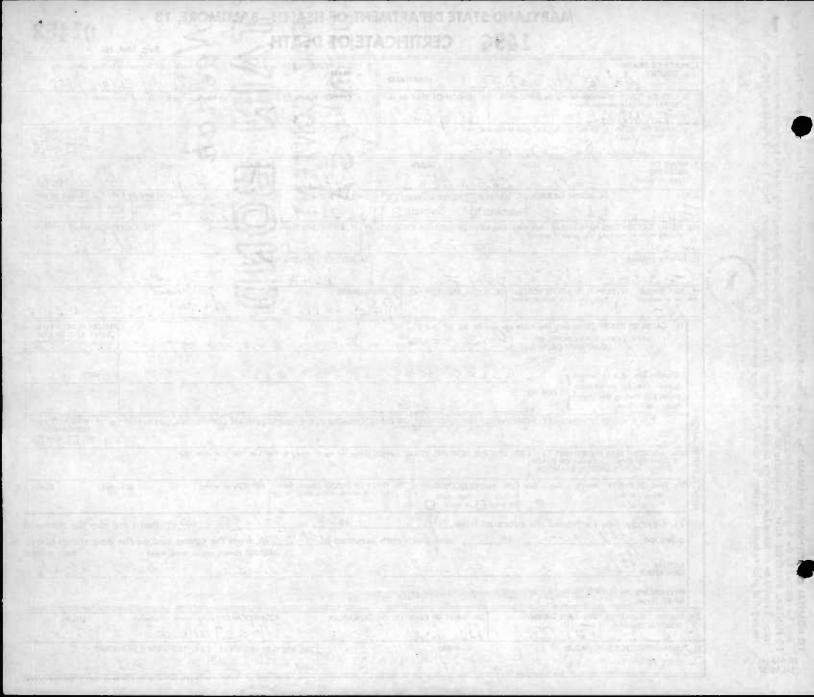
24a. REC'D BY REGISTRAR FEB 2 3 '60

24b. REGISTRAR'S SIGNATURE

Curing S. Knows

TO HOSPITAL O VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE



	STATE DEPARTM Sem 8 FilmG258 CERTIFICA	ATE OF DEAT			Reg. Dist. No	01454	
1. PLACE OF DEATH 6. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceosed i	ived. If institution: b. COUNTY	Residence befo	re admission)	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Glen Burnie	35 days	c. CITY OR TOWN (IF Baltimore		te limits, write RUR	AL and give nec	3 VO1 4	
d. NAME OF HOSPITAL (If not in hospital, give streor NSTITUTION Plaza Manor Nursing Home		d. STREET ADDRESS	dyear S	t		e. IS RESIDENCE ON A FARM? YES NO 13	
3. NAME OF First DECEASED (Type or print) Alexander Ander		Last		Month February	25,	19 60	
Male Negro WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED		1,879	last birthday) A	Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) Laborer 13. FATHER'S NAME	Copper & Brass	Contract to the contract of	d	niry)	U.S.	A.	
Unknown		Unknown	ITAME			1 1/25	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		nformant Rachel Wallac	e 1926	Penna. Av		.17,Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Uremia							
gave rise to immediate	esical calculi				7	yrs.	
Coese (o), stating the under- lying couse lost. Compared to the terminal disease condition given in part Due to (c) Part II. Other Significant Conditions Contributing to death but not related to the terminal disease condition given in part							
PART II. OTHER SIGNIFICANT CONDITION Senile mental change 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SS ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 or Part I	l of item 18.)		PERFORMED? YES NO	
Hour a.m. Whi		ACE OF INJURY (Hame, farr ctory, street, office bldg., et	c.)	r town)	(County)	(State)	
21. I certify that I ottended the deceased from January 21, 1900, to Feb. 25, 1960, that I last sow the deceased alive on Feb. 20, 1960 and that death occurred ot 5 A M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 400 N. Carrollton Avenue Feb. 26, 1960							
PHYSICIAN'S James M. Pair, 1 220 BURIAL CREATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	-00	22d. LOCATIO	ON (City, town, or o	county)	(Stote)	
REMOVAL (Specify) 2-29-60 23. EUNERAL DIRECTOR'S SIGNATURE 1348)	· Carwin it	24a. REC	D BY REGISTRA	AR 24b. REGISTR	Lug & Ho		

death: Page 4 The registrar prior to bound, cremation, or remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL C

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AAA.	NAME OF TAXABLE	te unitaria
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ends all and but the first of t		2. Securit I See at Emports Edit Exposed 1 (ii) of each 10 (iii) of each 10 (ii
BURLES HAM SELECTION		

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VS A1S (4) ISM 9/55

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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1498 CERTIFICATE OF DEATH

1 1 2	330 CERTITIES	AIL OI DEAIII	Reg. Dis	t. No.
a. COUNTY Amarundel	MARYLAND	Maryland	e deceased lived. If institution: Resident b. COUNTY	V
b. CITY OR TOWN (If autside corporate limits, we RURAL and give nearest town) Glen Burnie	8 days	Baltimore	ide carporate limits, write RURAL and g	ive nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Plaza Manor	reet address) Convalesant Hom	d STREET ADDRESS e 2209 W. Laf	ayette Ave.	e. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF First DECEASED (Type or print) Samuel	Middle		D. DATE Month OF DEATH Feb. 22,	Day Year 19 60
34 3	MARRIED NEVER MARRIED	8. DATE OF BIRTH October 16. 1	9. AGE (In years IF UNDER last birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Laborer	106. KIND OF BUSINESS OR INDU		fareign country) 12. CIT	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		Henrietta		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service]		nformant rl Brown 2209	W. Lafayette Ave.	
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. Canditions, if ony, which (b) DUE TO DUE TO			1 12 h	
PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 2 Hour o. m.		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn) (C	Sunty) (State)
21. I certify that I attended the decalive an Feb. 20. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL SIGNATURE PHYSICIAN'S Jame's M. Pair,	reased fram Feb. 15,1	accurred at 9:30P	M, from the causes and an the portion Ave, Balto	ne date stated abov
220. BURIAL, CREMATION. 22b. DATE THEREOF BURIAL (Specify) 2/26/60	22c. NAME OF CEMETERY O		2d. LOCATION (City, town, or county) Baltimore, Marylan	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 918 Druid Hill	24a. REC'D	BY REGISTRAR 246. REGISTRAR'S SIC	SNATURE.

HTASE RO STADISTINED SEATH Commence and LINE OF STREET HE AND LONG LINE TO THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPER 4 2 = The country of the Berger 2019 H. 1 of Gott to Art. THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

. IS RESIDENCE ON A FARM?

Day

9

YES NO IN

Year

1960

K KACE	/ MARRIED A N	VEVER MARRIED	B.	DATE OF BIRTH			Y. AGE	In years	IF UI	ADEK	LTEAK	IF UNDE	R 24 HRS.
0.	WIDOWED [DIVORCED [N	Tovember	r, 18'	75	84	irthday) yrs.	Man	ths	Days	Hours	Min.
of work of	dane 10b. KIND OF	BUSINESS OR IN	DUSTR	Y 11. BIRTHPL	ACE (State	ar fareign	cauntry)		12	. CITI	ZEN O	F WHAT	COUNTRY?
	~~~~			Geo	orgia					Į	J.S.	A.	
				14 MOTHER'S	MAIDEN N	IAME							
				Co	ora								
MED FOR	CES? 16. SOCIAL S	SECURITY NO.	, INF	ORMANT			-	Add	ress				
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SED BY:	Cereb	ral 1	ks	comb	ase.	w					ONS	ET AND	DEATH
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DUE TO		0			11 15 11								
(c	)												-10
NT CON	DITIONS CONTRIBL	TING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAL DISEA	SE CONDI	TION GIV	EN IN	PART	1(a) 1	9. WAS	AUTOPSY RMED?
344								300				YES	
G 🗆 DEATH	206 DESCRIBE HO	W INJURY OCCU	RRED.	(Enter nature of	injury in F	Part I or Pa	ort II of ite	m 18.)					
MINER)										-			
Day, Yea	Tall the second of the second			E OF INJURY (Fry, street, affice			ty or town	)		(C	aunty)		(State)
19	_at work _ at v	work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ologi, olc.	*	-	-	-	-			_
led the	deceased from	9/23		19.59	, to 2	/9		1960	.,the	it I l	ast so	w the	deceased
	, 19 60	and that de	ath o										
	101					ADDRESS (							TE SIGNED
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ed1c	t, M. D.			Crown	isvili	le Sta	ate H	ospi	tal	, MC	L.	2/	9/60
THEREC	/	AME OF CEMETER	YORC	REMATORY		22d. LOC/	ATIONICI	y, town,	ar cou	nty)		(State	1
11,	1960					0	N	ma	14	-		V	0
	0 D AD	DRESS				D BY REGIS		24b, REO	STRAR	's SIG	NATU	RE	
1	ch	umi	-		DATE	3186	OU	(1)		will be	Tares.		
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VS A15 (4) 15M 9/S5

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8

CERTIFICATE OF DEAT	H
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		140	S CEKIIII		L OI PLAI			Reg. D	ist. No		
1. PLACE OF DEATH 6. COUNTY Anne Aru	ndel	at 3.0	MARYLANE	- 11	o. SIATE Maryland		d lived. If instituti b. COUNTY Ball	on. Reside	e Ci	1	usion)
b. CITY OR TOWN RURAL ond give Crownsvi.	3.3	its, write	4mo. 4mos yrs.		E. CITY OR TOWN (I	-	orate limits, write R	URAL and	give ne	arest tow	n) 4
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g 11e State H		address)		d. STREET ADDRESS	gyle A	<b>v</b> enu <b>e</b>			ON	SIDENCE A FARM? NO 1001
3. NAME OF DECEASED (Type or print)	Fi		Middle		lost Bailey	4. DATE OF DEATH	Mar	nth	Do		Year 19 60
5. sex Male			RIED NEVER MARRIED	B. D.	ATE OF BIRTH 1904?		9. AGE (In years last birthday) 56 yrs.	IF UNDE Months			ER 24 HRS.
10a. USUAL OCCUPAT during most of wo Trucker	ION (Give kind of work irking life, even if retired	dane 10b.	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (Sto		ountry)	12. C	ITIZEN C		COUNTRY
13. FATHER'S NAME	Unknown			14	Unknov	NAME				-	
15. WAS DECEASED EV (Yes, no. or unknown) Unknown	PER IN U. S. ARMED FOR	ervice)	social security no. 17 Inknown	Hos	RMANT pital Reco	rds	Add	ress			
Canditions, if a gove rise to couse (a), stating lying cause last	the under-	Ce	Bronchops entral Nervous	s Sy	stem Syphi		E CONDITION GIV	'EN IN PA		PERF	AUTOPSY ORMED?
OR CONTRIBUTION	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury i	n Port I or Por	t 11 of item 18.)			YES Z	NO 🗆
20c. TIME OF INJU Hour a. a.e. p. m.	IRY Month, Day, Ye	ar 20d. It While at war	- Not while -		OF INJURY (Home, fo , street, office bldg., e		y or town)	_	(County)		(State)
actual signature	hat I attended the 2/15 FALL CAR milaegard Ho	0/ K		_M.D.		ADDRESS (S	n the causes of heet, city or town, ate Hospi	ind on state)	the da	te stat D 2/	deceased ed above ATE SIGNEE /15/60
220. BURIAL, CREMATION REMOVAL (Specify 23. FUNERAL DIRECTOR	1 2/18/6	OF O	ADDRESS	OR CR	24a. RE	C'D BY REGIS		STRAR'S S			10)
C-0	Willow	/	000 /3 VA	11/1	EU DATE	FEB 29'	60	rthur d	s. / U.		

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O THE STATE OF THE AND TAKEN ASSESSED AS THE ASSESSMENT OF STREET CALL CONTRACTOR SERVICES AND ADDRESS OF THE ADDRESS OF THE PROPERTY OF THE PRO Miller Colon Learning of the parties of the Colon St. 명하다 경기를 보고 있다. BAMA 플레이트 프로그램 그리고 있는 것이다.

### 1455 CERTIFICATE OF DEATH

Reg. Dist. No. 01458

4-							
1	DLACE OF DEATH a. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary.	here deceased lived. If inst b. COUI	NITY .	before admission) Arundel
	b. CITY OR TOWN (If outside corpore RURAL and give negrest town)  Annapolis	ote limits, write	LENGTH OF STAY IN 16		outside corporote limits, wri	ite RURAL ond give	nearest town)
1	d. NAME OF HOSPITAL (If not in hose OR INSTITUTION General Concernity)			d. STREET ADDRESS	Box-458		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First hn	OWELL 1	Lost BARKSDALE	OF	Manth	Day Year 1 1960
5	SEX 6. COLOR OR White	1	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye last birthdo	y) Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
	on USUAL OCCUPATION (Give kind of during most of working life, even if	retired) Bn	NO OF BUSINESS OR INDU	West Wines			U.S.
13	WILLIAM BA	RKSDA	LE.	14. MOTHER'S MAIDEN	NAME		
	WAS DECEASED EVER IN U. S. ARMI (es. no, or unknown) (If yes, give war or o		CIAL SECURITY NO.	informant Elean Ele	Barksdale	Address	
	1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	far (a), (b), and (c).]	cirposi	(a) and		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	OUE TO	devere d	chycliatio	m - seco	ndary	7 days
	lying couse lost.	(c)		/			/
CERTIFICATION	PART 11. OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	linal disease condition	GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
1		DEATH	IBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II af item 18.	)	
MEDICAL	20c. TIME OF INJURY Month, Do Hour o. m. p. m.	While	URY OCCURRED 20e. P  Not while for the post of work	LACE OF INJURY (Hame, far actory, street, office bldg., etc	n, 20f. (City or town)	(Coul	nty) (Stote)
	21. I certify that I attende alive an January			19 60, ta	, 19_		
	ACTUAL SIGNATURE	into	Sim		ADDRESS (Street, city or to		DATE SIGNED
	PHYSICIAN'S NAME (Type) Sylvia	Lim		Edgew	ater, Maryla	and	
27	Po. BURIAL, CREMATION, 22b. DATE (PREMOVAL (Specify) 1 - 2	THEREOF :	224 NAME OF CEMETERY OF	OR CREMATORY US CENT	22d. LOCATION (City, to	wn, or county)	Come
23	JUNERAL DIRECTOR'S SIGNATURE	Les Sins	CADDRESS	o mal 240. REC		REGISTRAR'S SIGNA	

TO HUSTILAL OF ALTERMINES OF A STATE THE CONTROL OF THE FORMAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample of illed with the property of the control of the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs often death.

VS A15 (4) 15M 9/5B

## 1455 CERMINATED TEAT

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	Continues.		- Josephon	E population
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VS A1S (4) 1SM 9/SB

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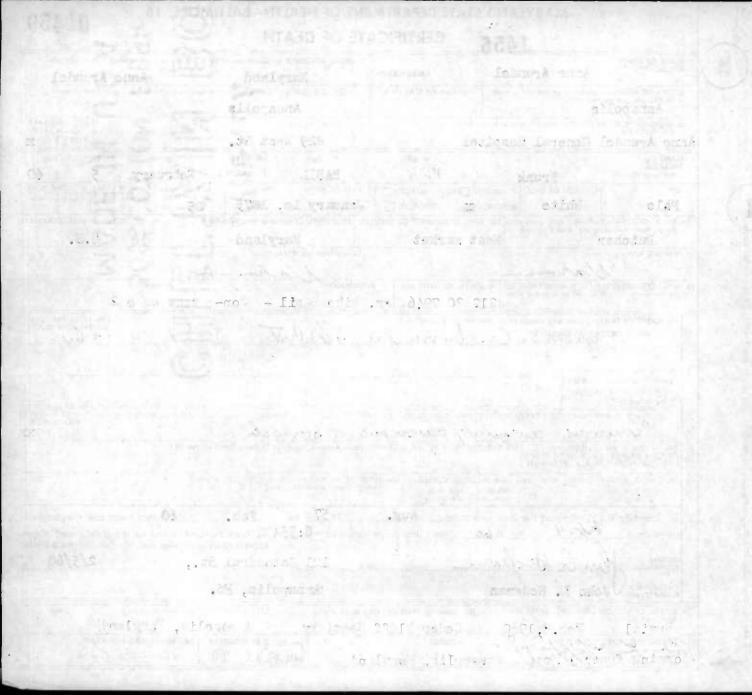
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01459

**CERTIFICATE OF DEATH** 1456

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Anne Aru		MARYL		2. USUAL RESIDENCE (W o. STATE Mary)	land	b. COUNTY	Anne	Arun	ndel
b. CITY OR TOWN (If RURAL ond give nec Anna poli	prest town)	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpo	orote limits, write R	URAL ond g	ive neares	t tawn)
d. NAME OF HOSPITA OR INSTITUTION Anne Arunde]					d. STREET ADDRESS 829 Wes	st St.	74			IS RESIDENCE ON A FARM? ES NO 📆
3. NAME OF DECEASED (Type ar print)	Frank		Middle N.		BASIL.	4. DATE OF DEATH	Febru		Day 5	Yeor 19 <b>60</b>
S. SEX	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIEI ED DIVORCED		January 16,	1875	9. AGE (In years lost birthdoy) 85 yrs.			UNDER 24 HRS
10a. USUAL OCCUPATION during most of warki <b>Butcher</b> 13. FATHER'S NAME	ng life, even if retired	)	kind of Business or at market	RINDUS	TRY 11. BIRTHPLACE (Stote Mary 14. MOTHER'S MAIDEN	yland	country)	12.CITI	ZEN OF W	HAT COUNTRY
13. TATTER 3 HAME	Inhowa	-				knai	in			
1S. WAS DECEASED EVER (Yes, no, or unknown) (F)	IN U. S. ARMED FOR f yes, give wor or dates of s	ervice)	social security NO. 12 30 7946		Mike Basti	- Son	Add 1- same	ress as # 2	5	
Canditions, if on gave rise to im couse (o), stoling the lying cause lost.  PART II. OTHE Permits	the under- DUE TO  CO  TO STATE OF THE TO STAT	DITIONS	a; carci	u cin	NOT RELATED TO THE TERM  Of A fema  Center hoture of injury in	eh		/EN IN PART	1	WAS AUTOPS' PERFORMED? ES NO
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye	ar 20d. II While		20e. PLA	CE OF INJURY (Home, farriory, street, office bldg., et	m, 20f. (Cit)	y ar tawn)	(0	County)	(State
alive anACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ohn L. Hed	clen eman	o, and that		, 19.57 , to_ accurred at8:35A A.D. 121 Cat Annapo	_M, from ADDRESS (S hedral	St.,	d an the		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Feb.8,19		22c. NAME OF CEME Cedar Bl		Cemetery	Anna	TION (City, town, apolis, M	aryla		(Stote)
23 PAREAL DIRECTOR'S Hopping Fun	The first	× An	address napolis, Ma	ryla		EB 8		STRAR'S SIG		

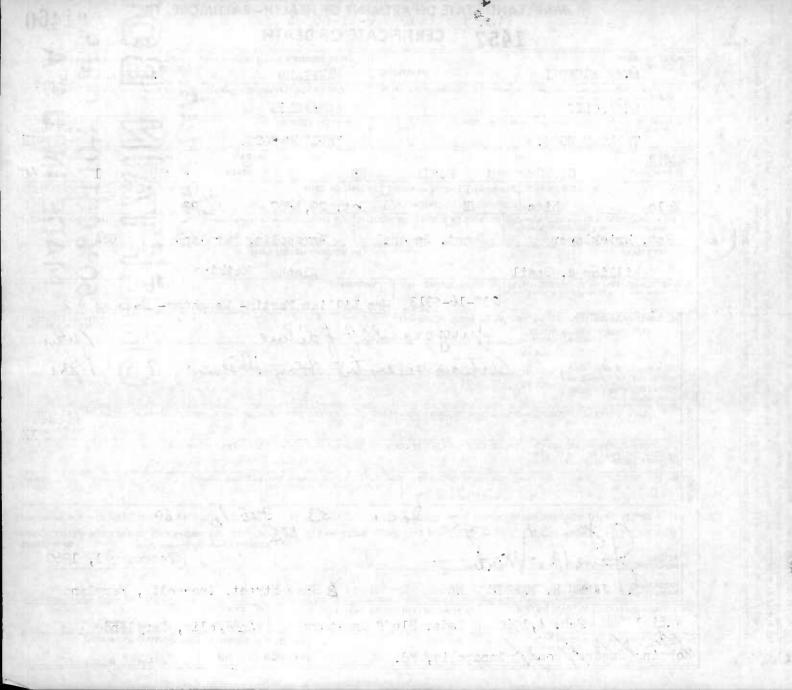


01460

	1.5	101						Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY ANNE	ARUNDEL		MARYLAND	2. USUAL RESI a. STATE MARY	LAND	ere deceosed	lived. If institution b. COUNTY		aRUN		ion)
b. CITY OR TOWN (If RURAL ond give nea ANNAP		rite c. LENGTH (	OF STAY IN 16		TOWN (If a	utside corporc	ote limits, write R	URAL ond	give nea	rest town	1}
OR INSTITUTION	L (If not in hospital, give s ON HGTS.	street address)		d. STREET	TON HO	GRS.		T			DENCE FARM?
3. NAME OF DECEASED (Type or print)	First GEORGE	C BAS	Middle	SR	st	4. DATE OF DEATH	Mon FEBR		Day		Year 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED   NEVER		B. DATE OF BIRT		5	P. AGE (In years lost birthdoy)	IF UNDER	R 1 YEAR Doys		
10a. USUAL OCCUPATION	(Give kind of work done ig life, even if retired)			STRY 11. BIRTHP	LACE (State of	or foreign cou	untry)	12. CIT	IZEN OF	WHATC	OUNTRY?
3. FATHER'S NAME	k Layer	OUIS C.	General	14. MOTHER'S	-		утапа	1	ACU		
Willi.	am A. Basil			Δ	letha	Watk	ins				
15. WAS DECEASED EVER			07.0	NFORMANT			Addi		as	# 2	
PART I. DEATH	H [Enter only one couse   H WAS CAUSED BY: MMEDIATE CAUSE (o)	per line for (o), (b),		if for	illen	e			INTE	RVAL BE ET AND	
Conditions, if ony gove rise to improve to improve the course (o), stating the lying course lost.	mediate DUE TO	arterio	silen	tri /	levit	Hase	30 1	2.5)	1	n	1
-	R SIGNIFICANT CONDITION	ONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 15	PERFO YES	AUTOPSY RMED?
	L CAUSE OF DEATH!	DESCRIBE HOW IN	JURY OCCURRE	D. (Enter noture o	of injury in P	ort I or Part	II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	10 V	20d. INJURY OCCUR Vhile Not whil It wark at work		ACE OF INJURY ctory, street, offic	Hame, farm, e bldg., etc.	20f. (City o	or town)	(	Caunty)		(State)
21. I certify the alive on ACTUAL SIGNATURE	of ottended the declaration 3/1				1.00	M, from the ADDRESS (Street	he couses on et, city or town, Fel	d on th	e dote	stoted	obove. E SIGNED
PHYSICIAN'S J.  220. BURIAL, CREMATION	AMES R. MART				haw St		Annapol:		aryl		
BREMOVAL (Specify)	Feb. 4,196	O Ceda		Cemeter	1	Annap	ON (City, town, o	aryla		(Stote	=}
23. FUNERAL DIRECTOR'S	1 degens	Annapolis			DATE FEE	BY REGISTR		STRAR'S SI		t	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs atter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B



Reg. Dist. No. 01461

a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Va. STATE Maryl		ed. If institution: Reside b. COUNTY Anne	Arundel	ian)
Annapo.	lis	c. LENGTH OF STAY IN 16		f autside carporate	limits, write RURAL and	give nearest tawr	1)
OR INSTITUTION	ITAL (If not in hospital, give street leading)  Common of the common of		d. STREET ADDRESS	st Drive			FARM?
3. NAME OF DECEASED (Type or print)	First Benja min	Middle	BASSFORD	4. DATE OF DEATH	Month February	20	Year 19 <b>60</b>
s. sex	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH August 14,	1880	AGE (In years ast birthday) 79 yrs.	Days Hours	ER 24 HRS. Min.
100 USUAL OCCUPAT.  Guring mass of wa  13. FATHER'S NAME	ION (Give kind of work done 106 rking life even if, retired)  Stochan	KIND OF BUSINESS OR IND G.Co. Lavern esford	Maryl 14. MOTHER'S MAIDEN	and		TIZEN OF WHAT C	OUNTRY?
1S. WAS DECEASED EX	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT MRS FRANK	STALL	Address	(2)	
Canditians, if gave rise to cause (a), stating lying cause last	immediate but to compete significant conditions of the significant	luflyse	ma 1			PERFO	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Manth, Day, Year 20d, II	Not while _	RED. (Enter noture of injury i	orm, 20f. (City or t		(County)	(State)
Olive on	Feb. 373, 196	ond that deal	h occurred a6:454	ADDRESS (Street, nedral St	, city ar tawn, state)	ne dote stoted	above.
PREMOVAL (Specify	2-23-1960	22c. NAME OF CEMETERY	yo Comit	22d. LOCATION	(City, tawn, ar caunty)	o m	il
guneral DIRECTO	Story Cu Cons	address poly		EB 2 3 '60	246/REGISTRAR'S S		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/5B

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

TO HOSPITAL

VS A15 (4) 15M 9/S5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7 LQQ CERTIFICATE OF DEATH

Rea Diet No

	Neg. Dist. 140.	
O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before and a. STATE b. COUNTY A A	lmission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give, nearest town)  Churchton M	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS	RESIDENCE IN A FARM? S NO (28)
(Type or print) Blanche M. OB	Bland Loy 4. DATE Month Doy OF DEATH Feb 24th	Year 1960
Female White WIDOWED DIVORCED	8. DATE OF BIRTH 4/13/25  9. AGE (In years lost birthday)  Suppose the suppose of	urs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  HOUSEUSE 8	Boltimore Md. USA	HAT COUNTRY?
J. FREDERICK LUTZ	14. MOTHER'S MAIDEN NAME MARY SMITH	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or unknown)  (If yes, give war ar dotes of service)	RS Lillian Mc Cherry ehurchton	and.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	y October 2	L BETWEEN
420, 1 DUE TO Canditions, if any, which) (b) Mulals	jed arteusilemi	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTION  CO		AS AUTOPSY ERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While at wark of wark 19	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) ctary, street, affice bldg., etc.)	(State)
21. I certify that I attended the deceased from $2-23$ alive on $2-23$ , 1960, and that death	accurred at 74' M, from the causes and an the date s  ADDRESS (Street, city or town, state)	
SIGNATURE And Mulem	M.D. Littleen, Ind.	2-25-6
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF, CEMETERY O		
BUYIS/ 2/25/60 woodlowy C	emetery Bultimore vi	(State)
Beccerd Gerdenty Latinoelle	DATE  240. REC'D BY REGISTERS 29160  24b. REGISTRAR'S SIGNATURE CITTLES SIGNATURE CITTLES SIGNATURE	

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	average and the second	

MARYLAND

c. LENGTH OF STAY IN 16

Middle

d. SIREET ADDRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

b. COUNTY

e. IS RESIDENCE

ON A FARM?

YES NO

Year

4. DATE OF DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BOATE OF BIRTH 9. AGE (In years S. SEXC lost birthday) Months Days ofter Haurs 3yrs. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs during most of working life, everyif retired) The 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) puc DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost ō SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. O'THE PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20h DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Doy, Year (County) (Stote) factory, street, office bldg., etc. a. m. While Nat while at wark at wark p. m. · to de 21. I certify that (I) (this haspital) aftended the deceased fram. that (1) (we) last saw the deceased alive an and that death occurred at am the causes and an the date stated above. 220 SIGNATUR SIGN MED. ATTENDI STAFF PHYS. M.D. PHYS. Board 22d. ADDRES page 3 sh the State DATE THEREOF 23c. NAME OF TEMETERY OR CREMATORY LOCATION (City, town BURIAL, CREMATION. 23b. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE FEB 2 3 '60 Cillian S. Kraus





PLACE OF DEATH

d. NAME OF

NAME OF

DECEASED

CITY OR TOWN (If outside sorporote limits, wife

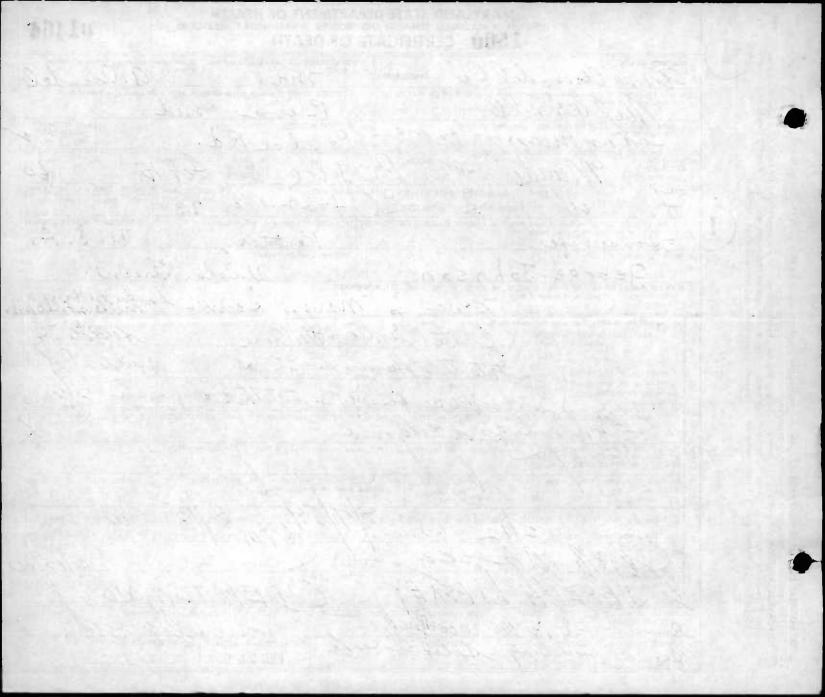
ive nearest to

NAME OF MOSPITAL (If not in haspital, OR INSTITUTION

death.

0 0

VR A15 (4) 15M 9/59



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1		CE OF DEATH				MARYLAND	2. USUAL RESIDENCE (V o. STATE	here deceased lived	. If institution b. COUNTY	on: Residence be	fore admiss	ion)
-			nne Ari				Maryland		Ann	e Arund		1
	b. 6	URAL and give n	earest town)	profe limits, wrife		F STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	nils, write RI	URAL ond give r	searest town	n)
-		rt Georg				lys	X Severn				1 (0)	
	d.	OR INSTITUTION		Army Hos			d. STREET ADDRESS  8 Washin	gton Aven	ue			FARM?
3	. NA	ME OF EASED		First		Middle	Lost	4. DATE	Mon	th	Day	Yeor
		pe or print)		Anthon		Joseph	BOIT	OF DEATH	Fe	bruary	10	19 60
5	S. SEX		6. COLOR O	R RACE 7. MA	RRIED NEVER	MARRIED 🔝	B. DATE OF BIRTH	9. AC	E (In years t birthday)	Months Doys		ER 24 HRS.
L		Male	Cau			VORCED		1960	yrs.	9	Haurs	Min.
1	Oo. U	SUAL OCCUPATE uring most of wor	ON (Give kind king life, even	of work done 10 if retired)	b. KIND OF BUSI	NESS OR INDUS	TRY 11. BIRTHPLACE (SIO	e or foreign country)		12. CITIZEN	OF WHAT	COUNTRY
L	ŢĬ.	N/A			N/A		Maryla	A.C. Commercial Commer		USA		
1	3. FA	THER'S NAME					14. MOTHER'S MAIDEN	NAME	1/450			
L		James I	ewis Bo	olt				Josephine			3-1	
1	5. W/	or unknown)	R IN U. S. ARA	MED FORCES? 1.	6. SOCIAL SECUR	ITY NO. 17. IF	IFORMANT		Addr	ess 8 Was	hingt	on Ave
L		N/A	N/	4	N/A	J	ames Lewis B	olt (Fath	er)			ryland
Г	18				line for (a), (b),	ond (c).]				IN.	NTERVAL BE	TWEEN
		PART I. DEA	TH WAS CAUS	SED BY: CAUSE (o)	Sepi	ticemia	with peritor	nitis and	menin		ASEL MILD	DEATH
		053,4		DUE TO							1/13	
		Conditions, if o		(b)	Seps	is					Unkn	own
		pave rise ta i ouse (a), stating		DUE TO						2811		
		ying couse lost.		(c)								
			HER SIGNIFICA	NT CONDITION	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE CON	DITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY ORMED?
1401240											YES 🔀	NO 🗌
MOLEN CENTRAL		PART II. OTH G. ACCIDENT WA R CONTRIBUTING EITHER, NOTIFY	AS UNDERLYIN CAUSE OF MEDICAL EXA	G   20b. DE	ESCRIBE HOW IN	JURY OCCURRED	. (Enter noture of injury in	Port I or Port II of	item 18.)		YES 🔀	NO 🗆
CENTICI	100 (II	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY		Doy, Year 20d.	INJURY OCCUR	RED 20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or to		(Caunt		(State)
l ë	100 (II	g. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY		Doy, Year 20d. Whil	INJURY OCCUR	RED 20e. PLA		m, 20f. (City or to		(Caunt		
Ceptien	MEDICAL CEKIIFI	a. ACCIDENT W.A. R. CONTRIBUTING EITHER, NOTIFY T. TIME OF INJUR Hour o. m. p. m.	Y Month, E	Doy, Year 20d. 19 While at w	INJURY OCCURI le Not while ork at work	RED 20e. PLA	CE OF INJURY (Home, far lory, street, affice bldg., e	m, 20f. (City or too	vn)		y)	(State)
COTICI	WEDICAL CEKIIF	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY  b. TIME OF INJUR Hour o.m. p.m.	Y Month, E	y Year 20d. Whii at w	INJURY OCCURI Not white ork at work	REQ 20e. PLA food	CE OF INJURY (Home, far lory, street, affice bldg., e	m, 20f. (City or to	vn) V, 160	,that I last	y) saw the	(State)
Ceptien	WEDICAL CEKIIF	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY  TO TIME OF INJUR Hour o.m. p.m.	Y Month, E	y Year 20d. Whii at w	INJURY OCCURI Not white ork at work	REQ 20e. PLA food	CE OF INJURY (Home, far lory, street, affice bldg., e	O Februar	vn)  V, 160  causes a	,that I last	saw the	(State)
Ceptien	MEDICAL CERTIFICAL CERTIFICAT CERTIFICAL CERTIFICAT CER	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY  T. TIME OF INJUR Hour o. m. p. m.  I. I certify the live on 10	Y Month, E	y Year 20d. Whii at w	INJURY OCCURI Not white ork at work	REQ 20e. PLA food	CE OF INJURY (Home, far lory, street, affice bldg., e	m, 20f. (City or to	vn)  V, 160  causes a	,that I last	saw the	(State)  deceased ed abave.
CENTICI	WEDICAL CEKITIFI	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY  E. TIME OF INJUR HOUR O. m. p. m.  I. I certify the live on 10  CTUAL GNATURE	Y Month, E	y Year 20d. Whii at w	INJURY OCCURI Not white ork at work	REQ 20e. PLA food	CE OF INJURY (Home, far lory, street, affice bldg., e	O Februar	vn)  V, 160  causes a	,that I last	saw the	(State)  deceased ed abave. ATE SIGNED
CENTICI	MEDICAL CEKITIFI	a. ACCIDENT W.R. CONTRIBUTING EITHER, NOTIFY  E. TIME OF INJUR Hour o.m., p. m.  I. I certify the live on 10.	nat lattend Februar	Doy, Year 20d. 19 Whit at we ded the decectory. 19 C Mo	INJURY OCCUR!	REQ 20e. PLA food	CE OF INJURY (Home, far lory, street, affice bldg., e	O Februar  O M, fram the	y, 160 causes a ity or town,	,that I last nd on the d	saw the late state	deceased ed abave. ATE SIGNED 0 Feb
1912020 14 712034	WEDICAL CEKITIF	a. ACCIDENT W.R CONTRIBUTING EITHER, NOTIFY  E. TIME OF INJURY HOUR O. m. p. m.  I. I certify the live on 10  CIUAL GNATURE  IYSICIAN'S  ME (Type) RC  JRIAL, CREMATIC	Month, control of the	Doy, Year 20d. 19 Whit at we ded the decectory. 19 C Mo	INJURY OCCURRING Not white ork of the ork of	Februa  that death	CE OF INJURY (Home, far tory, street, affice bldg., e  TY, 19 60, ta 1  accurred at 10:3	O Februar  O M, fram the	y, 160 causes a ity or town,	, that I last nd on the d stote) George	saw the late state	(State)  deceased ed abave. ATE SIGNED  0 Feb
COLEGO DE ACCIONA	WEDICAL CEKITIF	o. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY C. TIME OF INJUR Hour o.m. p.m.  I. I certify the live on 10.  CTUAL GNATURE  IYSICIAN'S AME (Type) RC	Month, control of the	ed the decective of the MOYER,	INJURY OCCURRING Not white ork of the ork of	Februa  that death  Cor CEMETERY OR	CE OF INJURY (Home, far tory, street, affice bldg., e  TY, 19 60, ta 1  accurred at 10:3	O Februar O M, from the ADDRESS (Street, c	y, 160 causes a ity or town,	, that I last nd on the d stote) George	saw the state state of DA	(State)  deceased ed abave. ATE SIGNED  0 Feb
2	20 (III 20 A SI	a. ACCIDENT W.R CONTRIBUTING EITHER, NOTIFY  E. TIME OF INJURY HOUR O. m. p. m.  I. I certify the live on 10  CIUAL GNATURE  IYSICIAN'S  ME (Type) RC  JRIAL, CREMATIC	mat I attend Februar  OGER C.  DN, 22b. DATE	ed the decective in the second of the decective in the second of the sec	INJURY OCCUR!  Not while ork of a work  assed from 9 60 , and CAPT., M  22c. NAME C	Februa:  It that death  OF CEMETERY OF	CE OF INJURY (Home, for lory, street, affice bldg., e  CY, 19 60, ta 1  accurred at 10:3  A.D.  U.S. Army  CREMATORY	O Februar O M, from the ADDRESS (Street, c	y, 160 causes a ity or town, Fort	, that I last nd on the d stote) George	saw the late state by G. M. (Stote	(State)  deceased ed abave. ATE SIGNED  0 Feb

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-BA	LTIMORE, 18
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1450 CERTIFICATE OF DEATH

M

Rea. Dist. No.

	411	V			Keg. Dist. No.
PLACE OF DEATH     a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If insti and b. COUN	tution: Residence before odmission) ITY Anne Arundel
RURAL ond giv	N (If autside corporate limits, write e nearest town)  apolis	c. LENGTH OF STAY IN 1b	1 4 -	outside corporote limits, writ	e RURAL ond give nearest tawn) '
d. NAME OF HO OR INSTITUTION Anne Arun	SPITAL (If not in hospital, give street Odel General Hospi	address)	/ d. STREET ADDRESS 102 Rose	crest Drive,	e. IS RESIDENI ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	First Betty	Middle	BOTHE	4. DATE OF DEATH Febr	Wonth Day Year
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH October 2,	9. AGE (In yet lost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 Y) Months Doys Hours M
during most of	ATION (Give kind of work done 10b working life, even if retired)	KIND OF BUSINESS OR INDL			12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	l W		14. MOTHER'S MAIDEN	NAME L	
15. WAS DECEASED (Yes, no, or unkhown)	EVER IN U. S. ARMED FORCES? 16.		INFORMANT I	3. BATHE	Address
Conditions, igave rise to cause (o), stat lying couse le	o immediate on the under- operation of the under- oper	Contributing to death bu	I NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTO
PART II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	ING ☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)	PERFORMED YES NO
	JURY Manth, Day, Year 20d. m. While	Not while fo	ACE OF INJURY (Hame, for ctory, street, office bldg., et	m, 20f. (City or town)	(County) (S
21. I certify alive an	that I attended the decear	4 .		Feb. 18, 196  M, fram the causes  ADDRESS (Street, city or to	o, that I last saw the decedand an the date stated above, state)  DATE SIG
ACTUAL SIGNATURE	fler to trader	uan	M.D. 121 C	athedral St.,	
PHYSICIAN'S NAME (Type)	John L. Hedeman			polis, Md.	
SEMOVAL (Spec	12-22-1762	22c. NAME OF CEMETERY C	Memorial	22d. LOCATION (City, tow	boles Ma
23. JUNERAL DIRECT	M. Layler Sin	Cimapol	- 0/1/Va		EGISTRAR'S SIGNATURE

HYAPO TO THE OFFICE OF DEATH Discount months of the part divisi denestral con Laddened Drivered believed ports TAKE TO SEE THE Cledes 6 Les are their off owner Little (a tilament A Company) i de la la company de la com the Bellion of the second that the The same that is the same and a suit of

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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WEST-WILLIAM	HILD WEED	NDS DALL	MORE I, MINI	-
RTIFICA	TE OF	DEATH		

	1/6	CERTIFICA	TE OF DEAT	Н			
1. PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary:		ved. If institution b. COUNTY	Residence before Anne Anne	
b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (			RAL and give ne	earest tawn)
Annapo		9 days	11	- Davids	Bonville		
. OR INSTITUTION	AL (If not in hospital, give street el General Hospi		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Joseph	Middle	BOYCE	4. DATE OF DEATH	Februar		y Year B 1960
s. sex Male	6. COLOR OR RACE 7. MAR WIDOW		April 30,	1876 "		F UNDER 1 YEA Manths Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during mast of wirt	ON (Give kind af wark dane 10b. king life, even if retired)	Barber Shop	1/	ate or foreign cour	ntry)	12. CITIZEN C	SA P
13. FATHER'S NAME	Peter Box	yce	(FIRST /Yam	ne Unk.)	Wa	rren	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Informant 113. Clyde C	, MEla	nahan	" (2)	
18. CAUSE OF DEA	ATH [Enter anly ane cause per I	line far (a), (b), and (c).]				IN.	TERVAL BETWEEN
	ATH WAS CAUSED BY:	21/2-11/1	adulas 1	Rand	1 mt	ON	ISET AND DEATH
60.	IMMEDIATE CAUSE (a)	o co o con o o			7	1	04
35/7	DUE TO						
Canditians, if a							
cause (a), stating							
lying cause lost.	(c)						
Z PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IT M	mend.	1 anti-	- malan				YES NO
PART II. OTI	AS LINDERLYING TI 200 DES	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Part II	l of item 18.)		
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)						
		INTERPOSCURATED 120- E	LACE OF INJURY (Hame, f	206 (City o	- t1	(Caunty	r) (State
20c. TIME OF INJUI Haur a. m. p. m.	While	4	actory, street, affice bldg.,		r idwn)	(Cdomy	(31016
₽. m.	19 at wa	ark at work			11.0000		
21. I certify the	at (I) (this hospital) otten	ded the deceased from	Feb. 19.	19.60, to_]	Feb. 28.	_, 19_60, t	hat (I) (we) las
	sed alive an Feb.						
220. SIGNATURE	, 0	111					22b. DATE
1	sent m 16		M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	2	/29/60 SIGNED
22c. PHYSICIAN'S	and it was	my /	-		dral St.	~	27700
NAME (Type)	Frank M. Shi	n] are	-				
				napolis,			
23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY	//	23d LOCATIO	ON (City, town, or	county)	(State)
13UT121	1	DETFICK	Cemetery	DETI	KI	VIT	91112
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	1. 1 250. R	EC'D BY REGISTRA	AR 25b. REGIST	RAR'S SIGNAT	URE
wan Ih.	TANKA + Some	amarola	O J MA - DATE.	4 4 500	70	. 04	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1502 CERTIFICATE OF DEATH	Reg. Dist. No.
a. COUNTY Crupe arundel MARYLAND O. STATE Marylin	d Ived. If institution: Residence before admission) b. COUNTY
X (Sest)	rate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS  A STREET ADDRESS  A STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) GONES E BYONG DEATH	Month Day Year 2 14 19 6 (
temale Cal, WIDOWED DIVORCED 6-1-1898	9. AGE (In years lost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the strength of working life, even if retired)  105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign controlled to the strength of the strength	Dunity) 12. CITIZEN OF WHAT COUNTRY
Statille Brooks Sostille	Foote
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   If yes, give war or dates of service)   2/6-32-2451   Mary January	Best Sate M.
1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b) In fections Pleasurek	2 2wk
couse (o), stating the under-   DUE TO     lying cause last. (c)   Usral Confluence	a 1 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED? YES NO Z
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part (IF EITHER, NOTIFY MEDICAL EXAMINER)	t II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While at wark at work 20c. TIME OF INJURY (Home, form, 20f. (City factory, street, office bldg., etc.)	or town) (County) (State
21. I certify that I attended the deceased from 123, 1960, ta 2 1 alive an 2414, 1960, and that death accurred at M, from	the causes and an the date stated above
ACTUAL SIGNATURE Taye W. Gleen M.D. 625 (S)	a thedral St 2/15/
PHYSICIAN'S Faire W. Allen Anr.	apolis Md
220 BURIAL, CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY, 220 LOCAT	TION (City, town, or county), (State)
3. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS  ADDRESS  DATEFEB 1 8 '60	

THE THE SECOND STREET AND ADDRESS OF THE PARTY OF THE PAR 1502 CERTWOATS OF BEATH The second secon The Fire The second market of the second the state of the s فيستران عراق وه و المحديدي صلالا الاستهادي عالم The result of the second of th

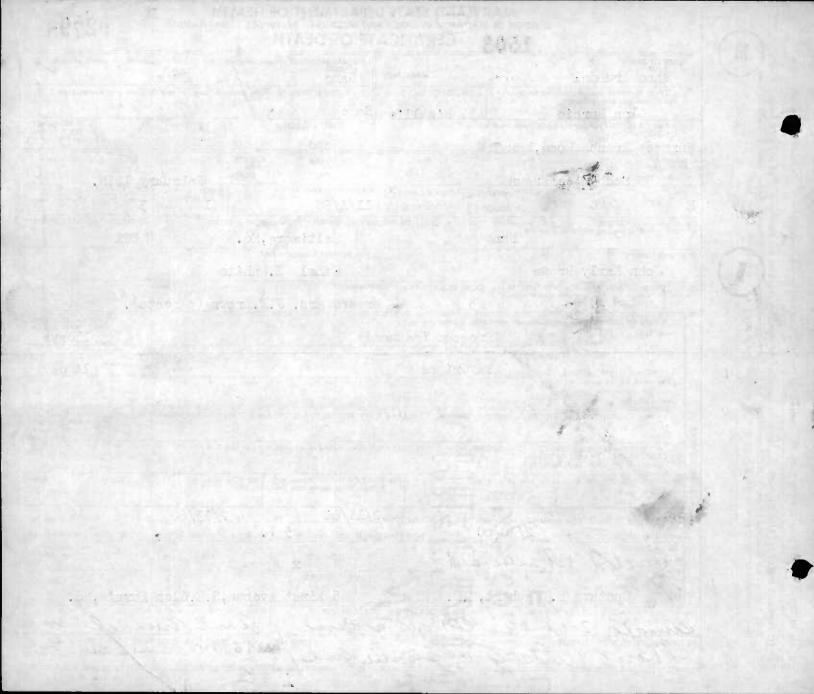
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death. Page 4

# MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND 1503 CERTIFICATE

RECORDS — BALTIMORE 1, MARYLAND OF DEATH	02798
Market Bremelies and I I I I I I I I I I I I I	0 14 1 1 1 1 1 1 1

1. PLACE OF DEATH C. CQUNITY Anne Arundel MARYLAND				2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY Same								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Glen Burnie  d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION				d. STREET ADDRESS e. IS RESIDE ON A FA						FARM?		
F	urnace Bra	nch Road box T	68		Same YES NO							
	NAME OF DECEASED (Type or print) Rob	by Lee Brown	Middle		Last	4. DATE OF DEATH	Man		Do		eor 60	
S.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH			IF UNDER	YEAR	IF UNDE	R 24 HRS.	
M		C WIDOW	ED DIVORCED	1:	L/4/58		last birthdoy) yrs.	3	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None				USTRY	JSTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CI Baltimore . Md . US				TIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		E. H. F. D. J.	1	4. MOTHER'S MAIDEN N	AME				- 200		
	John Ea	rly Brown				Whit						
		IN U. S. ARMED FORCES? 16 t yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFO	RMANT		Addr	ess				
		No	No	Mr	and Mrs. J.	E.Bro	wn (parer	nts).				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  Broncho Pneumonia					INTERVAL BETWEEN ONSET AND DEATH						
	1180	LL 8 0 × DUE TO										
	Canditions, if any, which ) (b) La Grippe							14 days				
	gove rise to immediate DIFFO								24 4475			
	lying cause lost.	couse (o), storing the under-										
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?											
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m.  P. m.  19 at work at work at work 19 at											
	21. 1 certify that (1) (this haspital) attended the deceased fram 2/11/60 19 , ta 2/13/60 , 19 , that (1) (we) lass saw the deceased alive an 2/10/60 19 , and that death accurred at 5 PM, from the causes and an the date stated above											
	22a. SIGNATURE 22b. DATE SIGNED STAFF SIGNED											
	22c. PHYSICIAN'S	ie of serve	escria.	M.D	PHYS. DII	RECTOR [	PHYS.		_			
	NAME (Type) Gustave H. Faubert, M.D.  5 First Avenue, S.E. Glen Burnie, Md.											
230	•	23b. DATE THEREOF	23c. NAME OF CEMETERY Magneth	pare .			TION (City, town, o		28	(Stote	e)	
24.	FUNERAL DIRECTOR'S	2	ADDRESS Number	lu	250. RECT	ARY REGIS		STRAR'S SIG	NATU			



1504 CERTIFICATE OF DEATH

01469

			DUG.	CE	KIIFICA	AIE OF I	DEAIL	1		Reg. D	ist. No.		
	PLACE OF DEATH  o. COUNTY  Anne Arun			A	MARYLAND	o. STATE	land		lived. If institution b. COUNTY Balt	imore	e Cit	ty	1
	b. CITY OR TOWN (II RURAL and give ne Crownsvil	_ ′	its, write	c. LENGTH OF			town (If a	outside corpore	ote limits, write R	URAL ond	give nec	irest fown	)
	d. NAME OF HOSPIT	AL (If not in hospital, o		oddress)		d. STREET	ADDRESS	n Avenu				o. IS RESI	IDENCE FARM? NO 🍱
	NAME OF DECEASED (Type or print)	Fi	cille	M	iddle	Brow	st	4. DATE OF DEATH	Man	th 2	Do 2		Year 1960
S.	Female	6. COLOR OR RACE	7. MARR		ARRIED [	B. DATE OF BIRT	гн		9. AGE (In years lost buthday) 86 yrs.	Months Months		IF UNDE Hours	R 24 HRS Min.
100	. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDUS		Maryla		untry)	12. C		S.A.	COUNTR
13.	FATHER'S NAME Rich	nard Boldla	und			14. MOTHER	MAIDEN N	NAME					
		IN U. S. ARMED FOR If yes, give war or dates of	ervice	social security Inknown		ospital	Reco	rds	Adde	ress			
	PART I. DEAT	TH [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (c			hopnew	monia					INTI	ERVAL BE	TWEEN DEATH
	Conditions, if on	16		Cache	xia	THE D							
	gove rise to in cause (a), stating t lying cause lost.			Senil	e Brain	n Diseas	60						
CERTIFICATION	PART II. OTH	er significant con	IDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCURRED	). (Enter noture o	of injury in I	Port I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Houron_ p. m.	Month, Day, Ye		NJURY OCCURRED		CE OF INJURY lory, street, office	(Home, farm e bldg., etc	20f. (City	or town)		(County)		(State)
	21. I certify the alive on 2/	ot I attended the 12 Vefartilear	decease				10:0	ADDRESS (Str	, 1960 the causes a set, city or tawn, te Hospit	ind an	the da	te state	
	PHYSICIAN'S NAME (Type)	Hildegard	Heard	Reissma	an, M.	D. Crow	nsvil	le Stat	te Hospi	tal,N	ld.	2/	3/60
٠.	BURIAL, CREMATION REMOVAL (Specify)	225. DATE THEREC		22c. NAME OF	Calua			0	ON (City, town, o	or county)		(Stote	
23.	FUNERAL DIRECTOR'S		A .	ADDRESS	170	ON	24a. REC'	D BY REGISTR	AR 24b. REGIS				

may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL C

VS A1S (4) 1SM 9/SS

death. Page 4

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HIS DATE	JE OF DEATH	BE CERTIFICA	
		claumak	
		20 20 100	
75T File 1			
	Sangal		
	IP CALL		
			E Manage of America
La Volta de la companya de la compan			

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errer death. Page 4	the funeral director, should be filed with	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1505

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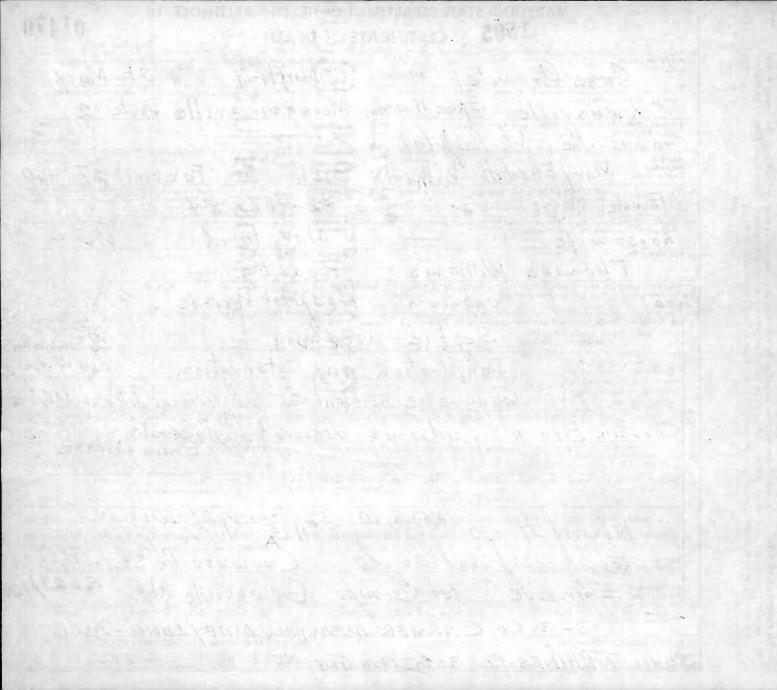
CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES THE NO rowns NAME OF 4. DATE Day Yeor Month DECEASED DEATH (Type or print) DYVar 19606 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last bigthdoy) Month WIDOWED A DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) 400SCW1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address 210 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY oxe mia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost CON RIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? vo me YES NO USSOCIO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of it 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m While Not while ot work ot work 21. I certify that I attended the deceased fram NIOYC 19 Lethat I last saw the deceased and that death accurred at // SM, fram the causes and on the date stated above. ADDRESS (Street, city or ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATÉ THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OF CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE

DATEMAR 3

0 VS A1S (4) 15M 9/5B

page

the



		1	462	Glen Burnie:  Annapolis, Md.  d. STREET ADDRESS 32 Pleasant St.  ON A FARM?  Plaze Manor Nursing Home  Gross Butler  B								
1. PLACE OF o. COUNT	Υ	ne Arundel		MA	RYLAND	o. STATE						admission)
b. CITY O	R TOWN (If our ond give neare		, write	LENGTH OF ST	AY IN 16	c. CITY OR T						2.4
OR INS	OF HOSPITAL	(If not in hospitol, given leading)			,,,,,		DDRESS 3	32 Plea	asant	St.	e.	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or p		First Dais		Mide		Lost		4. DATE OF	M	onth	- 0	
5. SEX Fema	-		7. MARRIE			- 1	189	9.	last birthday	) Months		
10o. USUAL C	occupation ost of working	Give kind of work de life, even if retired)	one 10b. Kl	ND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign cour	Md	12. CI	IZEN OF V	WHAT COUNTRY
STE	NAME	Gros	2			1	MAIDENN	AME	Reic	1		
1S. WAS DEC (Yes, no., or unkn		U. S. ARMED FORC is, give wor or dates of ser		VONE	NO. E	IFORMANT	JAM	125-	32 PL	es en	TAP	4.
10.7	ART I. DEATH	[Enter only one cou WAS CAUSED BY: MEDIATE CAUSE (o)	se per line	for (o), (b), and	(c).]	poculo	w/s	Terida	at		ONSE	T AND DEATH
gove (	ions, if ony, ise to imm ), stoting the	DUE TO which (b)_ediote	The	leve.	hal	Thre	nbo	usem	Den	le TV		
-		SIGNIFICANT COND	ITIONS CO	TRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	CONDITION C	GIVEN IN PA		PERFORMED?
200, ACC OR CON (IF EITHE	TRIBUTING	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	Юb. DESCR	IBE HOW INJURY	OCCURRED	. (Enter nature of	finjury in P	ort 1 or Port 11	of item 18.)			
	OF INJURY	Month, Doy, Year	20d. INJ While of work	_ Not while					r town)		(County)	(Stote
21. I co		l attended the		6	28 at death							
ACTUAL	1	Levely X	1.6	line	^	A.D. 37					a h	
PHYSICIA NAME (T	ype)	Dr. Theodo		Hohnson	1 Ca	lvert-St	An	mapoli	sMd.			
BREMOVA	L (Specify)	Feb. 21.	1960	ANNA			K			or county)	14/	(Stote)
23. FUNERAL	DIRECTOR'S SI	GNATURE AN	VAD	ADDRESS/	Mo		24a. REC'D		/	GISTRAR'S S	S. Hau	A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BOTH TO BE BUILDING TO THE TRANSPORT OF THE SECOND STREET OF THE SECOND STREET SECOND STREET De la la company de la contraction de la contrac A CALL FROM THE PROPERTY OF THE PARTY WITH nes la realization de sur la la contraction de l  1463 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

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V							
and the same of th		PLACE OF DEATH o. COUNTY  Anne Arundel	MARYLAND 2.	o. STATE Maryla	e deceased lived. If instituti nd b. COUNTY	on Residence bel Anne Aru	
)		b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)  Annapolis  11 c		c. CITY OR TOWN (If out	side carporate limits, write F		earest tawn)
63	A	d. NAME OF HOSPITAL (Il not in hospitol, give street oddress) OR INSTITUTION INNE Arundel General Hospital	1	d. STREET ADDRESS			ON A FARM? YES NO
		NAME OF First DECEASED (Type or print) Ralph	Middle	CAPPE	OF DEATH Februs	ry 23	
	1.0	SEX 6. COLOR OR RACE 7. MARRIED NEVER MALE WHITE WIDOWED 7.		ate of Birth aly 22, 1889	9. AGE (In years lost birthday) 70 yrs.	Manths Days	Hours Min.
1	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS during most of working life, even if retired) APER HANGING	INESS OR INDUSTRY	11. BIRTHPLACE (State or Ohio	foreign country)		OF WHAT COUNTRY?
	13.	CHARLES M. CAPPE			. MERCE		
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	884 JAM	ES A. CAP	PE CASTL	SUERBA EBURY	FLA.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Pliver		IN	PERVAL BETWEEN USET AND DEATH  I MANUFIX HE
		Conditions, if ony, which ) (b)	0		2		
		gove rise to immediate cause (a), stating the under-lying cause last.	Ca und	exected,	, probably	baneras	3
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION DI	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO TO
	CERTIF	200. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURRED. (E	nter nature of injury in Po	rt I or Port II of item 18.)		
	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUR Hour o. m. 19 While Not while of work of work of work	e foctory,	OF INJURY (Hame, form, street, office bldg., etc.)	20f. (City or tawn)	(County	) (Stote)
		= 1 00 /0					
1		ACTUAL Ticklard F. Am	y that I attended the deceased from Feb. 12, 1960, to Feb. 22, 1960, that I last so Feb. 22, 1960, and that death occurred of 4:00A.M, from the causes and on the do ADDRESS (Street, city or town, state)	DATE SIGNED			
		PHYSICIAN'S NAME (Type) Wilbur F. Smith		Shadys	ide, Md.	7	/
	220	BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME REMOVAL (Specify) 2/27/60 Clear	OF CEMETERY OR GA	MATORY 2	2d LOCATION (City, town,	or County)	(State)
0	23.	FUNERAL DIRECTOR'S SIGNATURE SLATE STATES	delet			STRAR'S SIGNATU	

VS A15 (4) 15M 9/SS

deoth. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

FEB 29'60

arthur S. Kraus

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayerabon papers. Pages 1 and 2 should be filled with

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02802

	28:	CERT	IFICAT	E OF DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Anne Arus	ndel	MAR	YLAND 2.	o. SIATE Maryland	re deceased live	d. If instituti	on: Residence	before admis	sion)
b. CITY OR TOWN (If outsid RURAL and give nearest to GLEN BURNIE	corporate limits, write wn)	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IF ou Ruzal Gle	en Burn	limits, write R 10	URAL ond giv	re nearest town	1)
d. NAME OF HOSPITAL (IF A OR INSTITUTION 10 Jackson		et address)	1	d. STREET ADDRESS 10 Jackson	n Agenu	e			FARM?
3. NAME OF DECEASED (Type or print)	GERTRUDE	JACKSON CAI	RROLL	Lost	4. DATE OF DEATH	Mon		0.4	Yeor 10 60
Female Co.	Lored WIDO	RRIED NEVER MARR	ED []	ATE OF BIRTH	lo	GE (In years ost birthday)		YEAR IF UND	R 24 HRS. Min.
10a. USUAL OCCUPATION (Giver during most of working life Housewife	e kind of work done 10 even if retired)	b. KIND OF BUSINESS	OR INDUSTRY	Anne Arunde			12. CITIZE	EN OF WHAT	COUNTRY
13. FATHER'S NAME Westley Jack	cson		10	arbara 01:					
1S. WAS DECEASED EVER IN U. (Yes. ng. or unknown) (If yes. or	S. ARMED FORCES?  war or dates of service)	6. SOCIAL SECURITY NO	1	ack Carroll		Add	ess		
18. CAUSE OF DEATH [ERPART I. DEATH WA IMME!  44 20  Conditions, if ony, wh gove rise to immedicouse (o), stoting the und lying couse lost.	DUE TO	Lypute	and users	Cardio V	Varen	en d		Uulc	
Z-	NIFICANT CONDITION	S CONTRIBUTING TO DE	EATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CO	NDITION GIV	EN IN PART 1	(o) 19. WAS PERFO YES	RMED?
200. ACCIDENT WAS UNDIOR CONTRIBUTING CAU	SE OF DEATH	ESCRIBE HOW INJURY O	OCCURRED. (E	nter noture of injury in Po	ort I or Port II o	f item 18.)			
20c. TIME OF INJURY Mon Hour o. m. p. m.	Whi	INJURY OCCURRED  le Not while ork of work	20e. PLACE factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or to	own)	(Cou	inty)	(Stote)
21. I certify that I a alive an	litended the decer 24-, 19 and H CHARD	1 -	- 3 - t death occ	curred at / 2.	M, from the	e causes a	nd on the		
-REMOVAL (Specify)	-26-60	Mt Calva			Anne	(City, town, o	4.5	(Stote	e)

	HTLADI TO DE	MILE DE ARTIN		
The state of	HYABO BO BTH	CERTIFICA	0.798	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1506 **CERTIFICATE OF DEATH** 

01473

	100	0				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (Va. STATE Maryland			Residence before admission	1
b. CITY OR TOWN (If autside of RURAL and give nearest town Crownsville	carporate limits, write n)	10mo 22days	]		e limits, write RUR	AL and give nearest town)	
d. NAME OF HOSPITAL (If not OR INSTITUTION Crownsville St			d. STREET ADDRESS Unknown			e. IS RESIDE ON A FA YES N	ARM?
3. NAME OF DECEASED (Type or print)	First Willia	am Alexand	er Clark	4. DATE OF DEATH	Month 2	Day Yeo 8 19	60
		RRIED NEVER MARRIED E	8. DATE OF BIRTH	9.	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 2	24 HRS. Min.
10o. USUAL OCCUPATION (Give during most of working life, e Laborer	kind of work dane 10 even if retired)	6. KIND OF BUSINESS OR IND	ustry 11. Birthplace (510 Maryle		ntry)	U.S.A.	OUNTRY
is. father's name Unknown			14 MOTHER'S MAIDEN Unkr				
15. WAS DECEASED EVER IN U. S. (Yes. no. or unknown) (If yes. give	. ARMED FORCES? war or dates of service)	6. SOCIAL SECURITY NO. 17. Unknown	Hospital Rec	cords	Address		
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.	CAUSED BY: ATE CAUSE (o)  DUE TO  (b)  DUE TO  (c)	Bronchor	oneumonia, Bil			ONSET AND DE	EATH
CATIC		S CONTRIBUTING TO DEATH BL				IN PART 1(a) 19. WAS AUT PERFORM YES 24 N	AED?
20a. ACCIDENT WAS UNDER OF CAUSE OF CAU	Doy, Year 20d		PLACE OF INJURY (Home, for actory, street, office bldg.,	rm, 20f. (City at		(County)	(Stote)
21. I certify that I att alive on2/8.  ACTUAL SIGNATURE	leverlig'	60 , and that deol	M.D. Crownsvi	ADDRESS (Street	the causes one et, city or town, sto e Hospits	al, Md. 2/9	obove signer
220. BURIAL, CREMATION, 22b.	Benedict,	M. D.	Crownsvi		PN (City., town, or		/00
REMOVAL (Specify) 2- 23. FUNERAL DIRECTOR'S SIGNAT	- //- 6 C	Mt. aubu	Cem,	Balta C'D BY REGISTRA	or City	ar's SIGNATURE	
John M. Johns	on 1611-	13 n. arlingto	a are DATE	3 1 1 '60		2. Kinua	

TO HOSPITAL VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1507 CERTIFICATE OF DEATH

01474

	Reg. Dist.	No.
PLACE OF DEATH     O. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE	before admission)
Anne Arundel MARYLAND	Maryland Kent	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
RURAL and give nearest town) Crownsville  9 days	Chestertown /437.2	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Crownsville State Hospital	343 Cannon Street	YES NO
3. NAME OF First Middle	Lost 4. DATE Month	Day Year
(Type or print) Lucille	Cotton OF DEATH 2	5 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		EAR IF UNDER 24 HRS
Female Negro WIDOWED DIVORCED	October 3, 1934 last birthday) Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign country) 12. CtTIZE	N OF WHAT COUNTR
during most of working life, even if refired) Pastry Worker	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lewin Blackston	Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT - Address	- 4
(Yes, no. or unknown) (If yes, give war or dates of service) Unknown	Hospital Kecords	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bronchopneumoni	ia - Confluent	ONSET AND DEATH
1491 X DUE TO		
Conditions if any which		
gove rise to immediate DUE TO		
Lying cours last		
	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IV	1 19 WAS AUTOPSY
CATIC		PERFORMED? YES NO
OB. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	IACE OF INJURY (Home, farm, 120f. (City or town) (Court	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour o. m. White Nietwise of work of work of work	actory, street, office blda. atc.)	
1/0/	. 1960 . to 2/5 19 60 that I las	
alive on 1960, and that death	h accurred at 2:00A. M, from the causes and on the	
ACTUAL IL Odhowsof HOGSON KOJOM	ADDRESS (Street, city or town, stote)	2/5/60
SIGNATURE SECOND TO TOTAL	M.O. Crownsville State Hospital, Md.	2/3/60
PHYSICIAN'S Hildegard Heard Reissman, M.	D. Crownsville State Hospital, Md.	2/5/60
220. BURIAL, CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, fown, or county)	(Stole)
(2011) 12/9/60 301/64/01	UN, COM. WOYTON	Md
23. FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
Plenneth Walley Chasler/ou	ON, Mc. DATEFEB 8 '60 CIRTHUM S. KA	all.

	IL JROVÁR	LASS-HTJ ABIL TO THE	MINIATED STATE	CHAIYNAM	
		TE OF DEATH			
			CONTROL		HARMAN
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE o. COL

1464 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	O STATE	(Where deceased liveryland	ed. If institution: Residence b. COUNTY Ann	ence before od	
b. CITY OR TOWN (IF RURAL and give nec	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 16		(If outside corporate L - Annap	limits, write RURAL one	d give nearest	tawn)
. OR INSTITUTION _	L (If not in hospital, give street  General Hospi		d. STREET ADDRES	Box-585		0	RESIDENCE ON A FARM? S NO TO
3. NAME OF DECEASED (Type or print)	Vand	Middle	CROMWELL.	4. DATE OF DEATH	Month February	Day 8	Year 19 60
5. SEX Female	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DE DIVORCED	B. DATE OF BIRTH February 2	27, 1919	AGE (In years ast birthday) 40 yrs.	Days Ho	
Oa. USUAL OCCUPATION during mast af warking	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU		state or foreign count	ry) 12. CI	U.S.	AT COUNTRY?
13. FATHER'S NAME	la religion	CARMARI	14. MOTHER'S MAJO		1 rue	0	
	IN U. S. ARMED FORCES? 16. f yes, give wor or dates of service)	SOCIAL SECURITY NO.	INFORMANT TO	Dina	Address R 2 R A	LESC1	Pensic.
PART I. DEAT	mediate (	Bronchial,	Preumonia eumon, h	Bila	teral Seve	erer 1	des.
PART II. OTHE	R SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	not related to thet	ERMINAL DISEASE CO	ONDITION GIVEN IN PA	PE	AS AUTOPSY ERFORMED?
20g. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injur	y in Part I ar Part II o	of item 1B.)		
20c. TIME OF INJURY Hour a. m. p. m.	While	NJURY OCCURRED  Not while  k at wark	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City or , etc.)	town)	(County)	(State)
alive an	Teb. 8, 196			P.M, fram the	causes and an tl	he date sta	
22g. BURIAL, CREMATION REMOVAL (Specify)	2-13-1960	Brown	eck	Ske	(Civi) town, or county	m	(Stote)
23 FUNERAL DIRECTOR'S	SIGNATURE REESE #	Munda		FEB 1 6 '60	24b. REGISTRAR'S S		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained by the hospital or othending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, ar remayal, and in ony event within 72 hours after death. VS A1S (4) 1SM 9/SB

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	cree .	Towns in the		

VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1508 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 01476

	PLACE OF DEATH  o. COUNTY Anne Arundel MARYLAND		- 1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland Baltimore City					
	b. CITY OR TOWN (If autside carporate limit: RURAL and give nearest town) Crownsville	s, write c. LENGTH OF STAY IN 8mo . 4days	16						
	d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION Crownsville State H			d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline					
	3. NAME OF DECEASED (Type or print) Oa	8	Lost Davis	4. DATE OF DEATH	Man 2		Day 29	Year 19 60	
	5. SEX 6. COLOR OR RACE Negro		DATE OF BIRTH ctober 25, 1	893	9. AGE (In years lost birthdoy) 66 yrs.		YEAR IF	UNDER 24 HRS.	
11.	10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Helper-Lumber Yard	one 10b. KIND OF BUSINESS OR IN	NDUSTI	RY 11. BIRTHPLACE (Stote Virgini		ountry)	12. CITIZ	U.S.	A.
	Doc Davis			14. MOTHER'S MAIDEN N	NAME				
	(Yes, no, or unknown)  (If yes, give war or dates of set)			ormant spital Recor	ds	Addı	ess		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONE		erot	cic Cardiovas			EN IN PART	1(0) 19. V	AND DEATH
	PART II. OTHER SIGNIFICANT COND  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yea  Hour C. m. 19	20b. DESCRIBE HOW INJURY OCCU  r 20d. INJURY OCCURRED 20e WAhile Not white of work of work	. PLAC	(Enter nature of injury in E OF INJURY (Hame, form ry, street, office bldg., etc.	20f. (City		(Cc		ERFORMED? S NO (State)
	21. I certify that I attended the deceased fram 6/25 , 19 59, to 2/29 , 160 , that I last saw the deceased alive an 2/29 , 19 60 , and that death accurred a5:40A.M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE								
	220. BURIAL, CREMATION, 22b. DATE THEREOR REMOVAL (Specify) 2 - 2 1/2 23. FUNERAL DIRECTOR'S SIGNATURE  Cham Remove Remov	22c. NAME OF CEMETER 460 Linus 1 Address  ADDRESS  A 2 Commopole	RY OR	CREMATORY	22d. LOCA	TION (City, tawn, o		NATURE	(State)

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	* mancalii matir	ouwedrest alls	20 (000 12)	7		
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VS A1S (4) 15M 9/5B

150	GERTIFICA	ATE OF DEATH	H	() 147'3 Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY  A A	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	nere deceased lived. If institut b. COUNTY	ian: Residence befare admissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF of X ternd	outside carporate limits, write I	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nat in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS	nd are	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle D	IERINGER	4. DATE Mor	nth Day Yeor 12-1966
S. SEX    6. COLOR OR RACE   7. MARRI   WIDOWE	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 79 yrs.	Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane during most of warking life, even if retired)  Auto Machanic	CIND OF BUSINESS OR INDU	Mary	Land	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Ringer	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	FO WILL	Add	dress
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G)  DUE TO  Canditians, if ony, which gave rise to immediate cause (a), stating the under- lying couse last.  (c)	smonea o	l. frosta	te a met	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	indio v	T NOT RELATED TO THE TERM  CONTROL CONTROL  ED. (Enter nature of injury in	discore	VEN IN PART 1(p) 19. WAS AUTOPS: PERFORMED? YES \( \) NO \( \)
-	Not while fo	LACE OF INJURY (Home, farm actary, street, affice bldg., etc	n, 20f. (City ar town)	(County) (State
ACTUAL Hory Con	Seel	, 1953, ta so accurred at 1 P.		That I last saw the decease and an the date stated above DATE SIGNE
PAME (Type) Dr. Harry Deihe  22a. BURIAL, CREMATION, REMOVAL (Specify)  2 - 16 - 60	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town,	ar caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE MCCULLY Fameul Homo	ADDRESS fort	24a. REC' DATE EB	1 0 100	ISTRAR'S SIGNATURE

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300 4th St.N.E.

15M 9/58

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VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1510 CERTIFICATE OF DEATH

1510

04094

	1. 1	PLACE OF DEATH					2. USUAL RESI	DENCE (W	here deceased	d lived. If instituti	on: Residen	ce befar	e admissi	on)
	(	a. COUNTY	Anne Arund	lel	MAR	YLAND	a. STATE	Maryl	and	b. COUNTY	-Ba	ltim	ore	/
	t	b. CITY OR TOWN RURAL and give Crowns	A 70 TO	ts, write	c. LENGTH, OF STAY			rown (If Balti	- ·	rate limits, write F	URAL and g	9.	rest tawn	. 1
-			PITAL (If not in hospitat, o	ive street		uay u	d. STREET A					e	IS REST	DENCE FARM?
510			rille State	Hosp:	ital		Unknown YES NO							
	3. 1	NAME OF DECEASED (Type or print)	Albert		Middle	•	Dudle		4. DATE OF DEATH	Mai 2		Day 1		ear 60
	5. 9		6. COLOR OR RACE		RIED NEVER MARRI	IED 1871 8	B. DATE OF BIRTI			9. AGE (In years	IF UNDER	1 YEAR		-
		Male	Negro	WIDOW	ED DIVORCE	ED 📗		1889		70 yrs.		Days	Hours	Min.
	10a	during most of we	TION (Give kind af work orking life, even if retired Unknown	dane 10b.	KIND OF BUSINESS O	OR INDUST		ACE (State rgini		ountry)		S.A.	WHATC	OUNTRY?
	13.	FATHER'S NAME				9	14. MOTHER'S	MAIDEN	NAME			Fall		
			Unknown				Un	known						
		WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of s		social security NO	). 17, <b>IN</b> I	FORMANT Hosp	ital	Record	Ada ls	ress			
		PART I. D  53  Conditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO	, Ca	epticemia a nchexia	nd Pa	arotitis					ONSI	ET AND	DEATH
0	CERTIFICATION		BS & ACUD	DITIONS	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERM	NNAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19	PERFO	RMED?
		OR CONTRIBUTIN	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED	. (Enter nature a	of injury in	Part I or Par	t II of item 18.)	37			
	MEDICAL	20c. TIME OF INJ Hour a. m p. m	1.	ar 20d. I While at war			CE OF INJURY ( tary, street, affice			or tawn)	((	County)		(State)
			not (I) (this hospita osed alive on	1) attend 2/1	ded the deceased	from that de	10/9	d of 3		2/1/ the couses a	, 19_6 nd on the	O, the	stoted	we) last above.
		224. PHYSICIÁN'S		Ke	1000-	٨	A.D. PHYS.		AED. IRECTOR	STAFF PHYS.			220	SIGNED
		NAME (Type	Hildegard I		Reissman,	M.D.	Cro	wnsvi	lle St	tate Hosp	ital,	Md.	. 2	2/2/6
	230	REMOVAL (Specification)	$^{(5)}$ 2/6/60	OF	23c. NAME OF CEM		CREMATORY			TION (City, town,			(State	=)
1/7/6	24.	FUNERAL DIRECTO			ADDRESS				D BY REGIST	2001	STRAR'S SI			
mnb		Thomas E	. Kelson, B	altim	nore, Md.			DATE A	PR 13"	60	ultur S	. Haras	us.	

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SIA	TE DEPARTMENT OF HEALTH-BALTIM	OKE, 10	0147
PE	CERTIFICATE OF DEATH		11771
	CERTIFICATE OF DEATH	Reg. Dist.	No.

		701	CERI	IFIC	ATE OF DEAT	Н	V. E. II.	Reg. Dist	No.	
a. COUNTY A	nne Arunde	1	MAR	YLAND	2. USUAL RESIDENCE (Vo. STATMaryla:	Where decease		an: Residence Anne		
b. CITY OR TOWN (I RURAL and give no	f autside carporote lime cares (Levn) Burn	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Y Pasadena					vn)
d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION Plaza Manor Nursing Home									SIDENCE A FARM?	
3. NAME OF DECEASED (Type ar print)	Annie	rst E E	Middl dwards	e	Last	4. DATE OF DEATH	Mar	2 - 12	Day	Yeor 19 60
s. sex Female	6. COLOR OR RACE	7. MARR	ED NEVER MARR		8. DATE OF BIRTH January 21,	1884	9. AGE (In years last buthday) 70 yrs.		YEAR IF UNI	-
0a. USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired COL	dane 10b.	Farm	OR INDU	Town Nec	te ar foreign d ck, Man	yland	12. CITIZI	U. S.	COUNTRY?
3. FATHER'S NAME	Henry Edwa	rds			14. MOTHER'S MAIDEN Annie	NAME Brook	(S			
(Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or doles of		SOCIAL SECURITY NO		P. W. A.A.Co	Mr.	Anderson	ress		
Canditions, if an gove rise to it cause (a), stating lying couse lost.  PART II. OTH General	ny, which (to mmediate the under-	b)	contributing to di	EATH BU	T NOT RELATED TO THE TER.	MINAL DISEAS	se condition giv	'EN IN PART	PERF	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	ED. (Enter noture af injury i	n Part I or Po	rt II af item 18.)			
PART II. OTH General  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while at wark	20e. Pl	ACE OF INJURY (Hame, fa actary, street, affice bldg., e	rm, 20f. (Cit	y ar tawn)	(Co	unty)	(State)
actual SIGNATURE	funes	196		7,death	, 1959 , to 2 n accurred at 1:30 M.D. 400 N. Ca	O_M, from ADDRESS (S	the causes and street, city or town,	d on the stote)	date state	d above TE SIGNED
20. BURIAL, CREMATIO REMOVAL (Specify) BULLAL	2-15-196		22c. NAME OF CEA Mt. Zion				TION (City, town,		(Ste	ate)
3. FUNERAL DIRECTOR										

Balto. # 1, Md.

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs, offer death.

er death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A15 (4) 15M 9/58

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	ding physician.	ate has been signed by the attending physician and campletely filled in by the funeral	burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fi
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1466 CERTIFICATE OF DEATH

01480

Reg. Dist. No.

a. COUNTY	Anne Arunde	MARYL	AND 2. USUAL RESID	ENCE (Where deced	sed lived. If institut b. COUNTY		
b. CITY OR TOWN (If RURAL and give ne.	autside carporate limits, prest tawn)	write c. LENGTH OF STAY I		OWN (If autside car	porote limits, write l	RURAL and give no	earest tawn)
OR INSTITUTION	AL (If not in hospital, give el General H		d. STREET A	DDRESS 254 Tyler	Ave.,		e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF DECEASED	First	Middle T	Lost	OF			lay Year
(Type or print)	William		ELLIC		1601		1960
5. SEX Male		MARRIED NEVER MARRIED	-	16, 1879	9. AGE (In years last birthday) 81 yrs.	Manths Days	R IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATIOn during most of working Retired	ng life, even if retired)	None		ACE (State or foreign	cauntry)		U.S.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Will	iam Ellio	tt	Mars	garet Se	enev		
15. WAS DECEASED EVER		16. SOCIAL SECURITY NO.	INFORMANT Laura E.		1254		Ave. Md.
CATIC	he under- DUE TO  (c)  ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THETERMINAL DISE.	ase condition gi	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	finjury in Part I ar F	art II af item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.		20d. INJURY OCCURRED  While Nat while at wark Ot wark	20e. PLACE OF INJURY (F factory, street, office		ity or tawn)	(Caunty	(State
actual signature	dward S. Bed	Beald	M.D. 43	ADDRESS Southgat	n the causes an (Street, city ar town e Ave.,  Md.  ATION (City, town,	nd an the dat , state)	e stated abave DATE SIGNED  2/7/60  (State)  W.C.,
7.6.12	oulars s	Treenslo	in ma.	DATE FEB 1	1 '60	arthur S. H	rand

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MARYLAND

Anne Arundel

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY

Maryland

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	signed by the attending physicion and completely filled in by the funeral director,	sit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with
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	UNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the fu	ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoul	registror prior to buriol, cremotion, or remaval, and in any event within 72 hours after death.	

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1. PLACE OF DEATH

Anne Arundel

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		iits, write RURAL ond	give nearest to	wn)
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS				ESIDENCE A FARM?
5	Anne Arundel eneral Hospi	tal	105 Condui	t St.			□ NO 5
	3. NAME OF First DECEASED (Type or print) Lillian	Middle	FLOOD	4. DATE OF DEATH	Month	Day 24	Year 1960
		IED NEVER MARRIED	B. DATE OF BIRTH		February	R 1 YEAR IF UN	
	Female White WIDOW			1895 last	(In years   IF UNDER   Months   yrs.	Doys Hou	
1	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	FOME	Marylan	nd	12. CI	U.S.	AT COUNT
1	13. FATHER'S NAME T. FRANK MYI	ERS	MARY	E. Sc	LIBLE		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	DURF /V	IYERS	Address	2)	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (a), (b), and (c).]  EEBEAL	THROMBO	515		INTERVAL ONSET AN	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO  DUE TO  (b)  DUE TO						
)	PART II. OTHER SIGNIFICANT CONDITIONS OF PART II. OTHER SIGNIFICANT III. OTHER SIGN	CONTRIBUTING TO DEATH BUT	offolism.	NAL DISEASE CON	DITION GIVEN IN PA	PER	S AUTOPS'
		CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	art I or Port II of it	tem 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 While at worl	_ Not while _ foo	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.		n)	(Caunty)	(Stot
	21. I certify that I attended the decease alive on Feb. 24, 196	ed fram Feb. 20, 0 and that death	-/	Feb. 24, M, from the ADDRESS (Street, ci agate Ave	causes and on t	last saw th	e decea ated abo DATE SIGI
	PHYSICIAN'S Edward S. Beck		Annapoli	s, Maryla	and		
	229 BURIAL, CREMATION, 22b. DATE THEREOF Thereof Thereof	22c. NAME OF CEMETERY O	* Memorial	22d. LOCATION (C	city, town, ar county)	40 9	Well a
	23. FUNERAL DIRECTOR'S SIGNATURE / SUSSESSION M. Jaylou Sus	annapa	Les Del 240. REC	EB 29560	24b. REGISTRAR'S S	GNATURE & Trans	

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1469 CERTIFICATE OF DEATH

Ren Dist No

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1. PLACE OF DEATH o. COUNTY	Anne Arund	el	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla		ed. If institutio b. COUNTY	n: Residence bel		
b. CITY OR TOWN RURAL and give Annap		its, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RU	JRAL and give n	earest tow	n)
OR INSTITUTION	el General	No.	153.4	d. STREET ADDRESS	ental St			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	GARRETT, Sr.	4. DATE OF	Monti Februar		Day	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED NEVE	R MARRIED DIVORCED	B. DATE OF BIRTH  June 8, 1877	9.		IF UNDER 1 YEA Months Doys	R IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPA	TION (Give kind of work of king life, even if retired	done 10b. KIND OF BUS	SINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryla	or foreign count		12. CITIZEN C	J.S.	COUNTRY?
13. FATHER'S NAME,	harles	D. Har	rett	14, MOTHER'S MAIDEN	NAME Enett	Ha	ll		
1S. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dates of	CES? 16. SOCIAL SECU	JRITY NO.	NEORMANT LLIS ENTR	netta	909 E	Entral	A.a.	una
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	, Carcer	ond (c).]/	of the oble	alder			TERVAL BE	DEATH
Conditions, if gove rise to couse (o), statin lying couse los	g the under-								
TO ACCIDENT	VAS UNDERLYING LIG CAUSE OF DEATH OF MEDICAL EXAMINER)	DESCRIBE HOW II	Carro)	NOT RELATED TO THE TERM  D. (Enter noture of injury in	dese	an)	EN IN PART 1(o)	19. WAS PERFO YES	DRMED?
20c. TIME OF INJ	JRY Month, Doy, Ye	1	ile for	ACE OF INJURY (Home, for ctory, street, office bldg., etc		town)	(County	·)	(Stote)
21. I certify alive an	that I attended the			1, 19 60, to occurred a 12:00	No prom the	causes and	d on the dat	te state	d above.
ACTUAL SIGNATURE	I Ruba	mor		M.D. 110 Cla	ADDRESS (Stree	t, city or town, s	stote)	2/1	1 60
PHYSICIAN'S NAME (Type)	R. L. Rich		A		olis, Md				/
BRUAL (Specif	2-14-1	960 Ul	CEMETERY O	Cemeter	13 ac	M (City, town, or	d 17	180	le)
23, FUNERAL DIRECTO	or's signature'	L CALAN	mi m		EB 1 6 '60		TRAR'S SIGNATI		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR VS A1S (4) 1SM 9/SB SECULTATE OF THE STREET OF THE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 1SM 9/SB

offer death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CERTIFIC	ATE OF DEATH			Reg. Dis	t. No.		
1. PLACE OF DEATH a. COUNTY Anne Arunde	91 MARYLAND	2. USUAL RESIDENCE (WI						ian)
b. CITY OR TOWN (If autside carporate limit Pasadena	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Pasaden)		DATE OF DEATH FOD TUARY  9. AGE (In years last birthday) 93 yrs.  Greign country)  12. CITIZEN OF WHAT COUNTY  14. CITIZEN OF WHAT COUNTY  15. A.  16. CITIZEN OF WHAT COUNTY  17. CITIZEN OF WHAT COUNTY  18. CITIZEN OF WHAT COUNTY  19. CITIZEN OF WHAT COUNTY  19. CITIZEN OF WHAT COUNTY  10. S. A.  11. —Baltimore 29, Md.  11. —Baltimore 29, Md.  12. CITIZEN OF WHAT COUNTY  13. CITIZEN OF WHAT COUNTY  14. CITIZEN OF WHAT COUNTY  15. CITIZEN OF WHAT COUNTY  16. CITIZEN OF WHAT COUNTY  17. CITIZEN OF WHAT COUNTY  18. CITIZEN OF WHAT COUNTY  19. CITIZEN OF WHAT				1)
d. NAME OF HOSPITAL (If not in hospital, gi or INSTITUTION 299 Bar Harbor Road	ive street address)	d. STREET ADDRESS		ad		е	ON A	IDENCE FARM?
3. NAME OF DECEASED (Type or print) LEONARD		NELL.	4. DATE	Manth		Day 3		Year 1960
	7. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	B. DATE OF BIRTH April, 2, 18	9. AG	(In years birthday)	IF UNDER			R 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Merchant	ane 10b. KIND OF BUSINESS OR IND Hardware	USTRY 11. BIRTHPLACE (State Ohio	ar fareign cauntry)					OUNTRY
13. FATHER'S NAME Francis L. Gosne]	1	Mary Lug						
1S. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates of se	CES? 16. SOCIAL SECURITY NO.	INFORMANT	46				-	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.  CAUSE OF DEATH Enter anly are cause (b).  DUE TO  DUE TO  (c)	Arteriocles	oti Cara	lovaneu	lare	lisea	ONSE	J Z	DEATH GEA
CATIC	roal				N IN PART	1(a) 19	PERFO	RMED?
	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Port I ar Part II af i	tem 1B.)				
20c. TIME OF INJURY Manth, Doy, Yea Haur a. m. p. m.	r 20d. INJURY OCCURRED 20e. F While Nat while at wark at wark	PLACE OF INJURY (Home, farm actary, street, affice bldg., etc	20f. (City ar taw	n)	(C	(ounty)		(State)
21. I certify that battended the olive on Feb. 2  ACTUAL SIGNATURE R.M. MCO  PHYSICIAN'S R.M. M.				ouses onc	on the		stoted	
22a. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) Feb. 6.	THE OF COMETER	or CREMATORY Apel Cemety	22d. LOCATION (C	- ~		Md	(State	e)
23. FUNERAL DIRECTOR'S SIGNATURE  C.M. Waltz	ADDRESS Winfield, Mar	24a. REC'	D BY REGISTRAR	24b. REGIS		MATUR	·	

# 1513 GERRIPICATE OF DEATH Talleura anna permissions of the The section and tried to the section of the section the transfer of the second second to the sec Surface of the state of the sta

22b. DATE THEREO!

220. BURIAL, CREMATION,

REMOVAL (Specify)

(Stote)

illd.

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 60 6 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO (Stote) (County) that I last saw the deceased and that death accurred at 4 M, from the causes and an the date stated above.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATE FEB 9

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1514 CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When Same	same b. COUNTY	n: Residence befare admission)
	b. CITY OR TOWN (If autside corporate limits, wri RURAL and give nearest tawn)			tside carporote limits, write RL	JRAL and give nearest tawn)
	Glen Burnie	40 y.	Same 6	0	
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	614 N Crain Highway		Same		YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mont OF DEATH Februar	1 10
	(Type or print) Mammie M Hal		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	S. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
	F W WIDO	OWED DIVORCED	9/13/69	90 yrs.	
)	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  Retired hou		Middlese:		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Leroy Gibson		Sarah ?		
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT ,	Addr	ess
	(Yes, no, or unknown) (If yes, give wor or dates of service)	None Mr	s.Catherine B	ennett, (daught	er)
	OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2 20c. TIME OF INJURY Month, Day, Year 20 Hour o. m.	General arteri  NS CONTRIBUTING TO DEATH BUT  DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED  hile Not while work of work	NOT RELATED TO THE TERMIN  O. (Enter nature of injury in Po	art I or Port II of item 1B.) 20f. (City ar town)	10 years
	saw the deceased alive on Januar, 220, SIGNATURE  SULLAW NAME 22c. PHYSICIAN'S NAME (Type)  Gustave H. F	y 15 1960, and that of the service o	M.D. ATTENDING MEE PHYS. DIR  22d. ADDRESS  Glen Burn	M, from the causes and D. STAFF ECTOR   PHYS.	d an the date stated abave.  22b. DATE SIGNED
	230. BURIAL, CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMPTERY O	n Cently	Jelen Mi	me al Esmel
	24. FUNERAL DIRÉCTOR'S SIGNATURE	le Gen Bus	m Med DATE DATE	BY REGISTRAR 286, REGIS	STRAR'S SIGNATURE

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01.400
4 32		CERTIFICATE OF DEATH Reg. Di	()1488 st. No.
director	1. A	PLACE OF DEATH ANNE ARUNDEL ARUNDEL 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE D. C. STATE D. COUNTY	nce before admission)
ath neral		b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give neorest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give neorest town)	give nearest town)
fte fun hould	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS	e. IS RESIDENCE
110 by th		DISTRICT TRAIN. School	ON A FARM? YES NO
in 24 ha filled in ges 1 an	3.	NAME OF DECEASED (Type or print) CATHERINE (KATIE) HANLEY  4. DATE OF OF DEATH  7.	Day Year 6 1960
withi rely Pag	5.	lost birthday) Months	Days Hours Min.
uted imple pers.	10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country)	IZEN OF WHAT COUNTRY?
execut nd cam nd cam death.	T	WASH DC.	US1
sician on we carbonrs offer		MICHAEL J. HANLEY MARY M. (UNKNOWN)	Price
h certifica fing physic se remove n 72 hours	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Service) NONE John Moory Ja Lugar	D,77.S.
deat strend pleo within		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  J. NEUWWYNA	INTERVAL BETWEEN ONSET AND DEATH
the of Then vent		570.1 IMMEDIATE CAUSE (o) JULIO NO TO TO THE COURT OF THE	Hornica 15
d by mit.		Conditions, if any, which (b) North fichal release	To Kebrian
require ion. in signe nsit per	-	gave rise to immediate cause (a), stating the under lying cause lost.  DUE TO	to
The law physic hos bee rrial-tra maval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
the bury or re	L'CERTII	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While of work at twork at work at twork at work at work at work at twork at work at w	County) (State)
oling Mitter After al, cr		21. I certify that I attended the deceased from January 25, 1960, to of way 10, 1960, that I	last saw the deceased
the H		alive an School of the causes and an t	he date stated abave
d by		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE M.D. CHILDREN SCENTER L	AVAEL MAL.
retained RAL DIR should b		PHYSICIAN'S GERREF GLASSMD	
O HOSP moy be o FUNE page 3 the regi	22	BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Survey 2 - 8 - 60 mat; (Clivett, Carry) Washington	(State)
VS A1S (4) 15M 10/57	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATECED O SEO  ADDRESS  DATECED O SEO	GNATURE
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1. PL	ACE OF DEATH	2.5		MARYL	AND	o. STATE		ere deceased	b. COUNTY	an: Resider	ice befa	re admiss	ion)
	Anne Arur					Maryl							
b.	CITY OR TOWN (If RURAL and give nee	autside corporate limi	ts, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TO	OWN (If a	ulside carpo	rate limits, write R	URAL and	give nec	rest town	1)
	Crownsvil			16 days		Balti	more				3	V01	,4
d.	OR INSTITUTION	AL (If not in hospital, g				d. STREET AD		Ctua	4				FARM?
	Crownsvi	Lle State I	lospi	tal		620	GOTO	Stree	3 0			YES _	NO 🖺
DI	AME OF ECEASED ype ar print)	Fir Jan		Middle		Harri	Ls	4. DATE OF DEATH	Мод	th	13	8	Year 60
5. SE	X	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	ПВ	DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
1	Male	Negro	WIDOWI			1900?			60? yrs.	Months	Days	Haurs	Min.
	USUAL OCCUPATIO during most of worki Unknown	N (Give kind of work ong life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUS		CE (State		ountry)	12. CI		S.A.	COUNTRY?
	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		-		-	
	Unknown					Unkno	own					•	
15 W		IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17 IN	FORMANT			Add	All	- 6		
(Yes,	no, or unknown) (1	t yes, give war or dates of so	ervice)		17. 11	Hospita	al Ro	abron	Addi	632	1	-	
	Unknown			nknown		HOSPIC	ar ine	COLUB			- 8		
1			use per li	ne for (a), (b), and (c).]					15			ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	, (	Cardiac Dec	omp	ensatio	n				0111	ET AIVE	DEATH
	443	DUE TO							7.1				
	Canditions, if on	y, which )		Arterioscle	rot	ic Hyne	rten	sive (	Cardieva	scula	9.7		
	gave rise to in	mediate (						02,0	Diseas		7		
	couse (a), stating t fying cause lost.	ne under-							DIPCGO	=			
z		) (c		CONTRIBUTING TO DEAT	U DIT	NOT BELATED TO	THE TERM	NIAL DICEACI	E CONDITION CIV	Chi INI DAD	T 1(n) 1	D VA/AC	AUTORCY
일	PARI II. OTH		-		ווטפות	NOT KELATED TO	I TE LEKANII	NAL DISEASI	E CONDITION GIV	EN IN FAR	1 1(0)	PERFO	RMED?
2				eficiency								YES	ИО 【
MEDICAL CERTIFICATION	ROO. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY OC	CURRED -	. (Enter nature of	injury in F	Part I or Part	t It of item 18.)				
₹ 2	Oc. TIME OF INJURY	Month, Day, Yes	or 20d. II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (H	ome, farm	, 20f. (City	ar tawn)	(	County)		_(State)
(ED)	Hour <u>a.m.</u> p. m.	- 19	- While	Mat while -	toci	ory, threet, office	bldgetc.	.) 🕇		1		124	
		at I ottended the		2/2/		1960	to 2	2/18	19 60	that I	last se	ow the	deceased
- 1	alive on 2/	18	, 12 (		logth	occurred of	:40P.	AA fran	n the couses o				
	unive on	2/1	77	7) , dila mar c	eum.	occorred org			reet, city or town,		ne da	ie store	ATE SIGNED
4	ACTUAL TO LA	spald Hel	101	Leign_		.D. Crowns			e Hospit		d.	2/	19/60
	PHYSICIAN'S NAME (Type) Hi	() .ldegard He	ard 1	Reissman, M.	_ D.	Crowns	ville	e Stat	e Hospit	al,Md	•	2/	19/60
220.	BURIAL, CREMATION	I, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(State	e)
E	MAN (Specify)	2/24/196	50	Mt. Au	ıbuı	rn Cem.		3.3	Ltimore	2.0	ryl	and	
23. F	UNERAL DIRECTOR'S	SIGNATURE	11/	ADDRESS 1	)	116.	24a. REC'1	D BY REGIST	RAR 24b. REGI	STRAR'S SI			
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VS A15 (4) 15M 9/55

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VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1517 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 1490

1. PLACE OF DEATH o. COUNTY	NE ARUN	DEL	MARYLAND	2. USUAL R o. STATE	W.	AN D	b. COUNTY		ARU	odmissi	on)
	f outside corporate lim		LENGTH OF STAY IN 16	c. CITY C	R TOWN (If o	outside corpo	rote limits, write R	URAL ond g	ive neare	st town	
RURAL ond give no	BURNIE	- 1 / 3	30 YRS.	61	Glen	Burni	е				
d. NAME OF HOSPI	'AL (If not in hospital,	give street odd		d. STREE	T ADDRESS				e.	IS RESI	DENCE
OR INSTITUTION	Own Hom	ne		J J	ohnso	n Ave	P.			ON A	
3. NAME OF DECEASED	Fi	rst	Middle	****	Lost	4. DATE	Mon		Day		rear .
(Type or print)	Emil		L.	Hit1	tle	DEATH	Fel	0.	22	1 5	960
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH		9. AGE (In years lost birthdoy)	Months	_		
Male	W	WIDOWED	DIVORCED	Apr. 9	,1907		53 yrs.	Monins	Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIN	ND OF BUSINESS OR INDI	USTRY 11. BIRT	HPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF W	/HAT C	OUNTRY?
Filling	Station C	wher		1	Maryla	nd			USA		
13. FATHER'S NAME					R'S MAIDEN N				ODA		
Josep	h Hittle						Jresch				
IS. WAS DECEASED EVE		CES2 14 50	CIAL SECUDITY NO	INFORMANT			Add	· Acc			
(Yes, no, or unknown)	(If yes, give war or dates of s		-07-4514		ne Hi	++10	same a				
110		P-10	רד (בדין טיי	THE MI	ma mi	COTE,	Bame a	18 2		-	
	TH [Enter only one co TH WAS CAUSED BY:	wise per line f		Copp	NOMA					AND	
101	IMMEDIATE CAUSE (c		TASTATIC	CANC	NUMIA	1					
181.0	DUE TO		1120 C			- 1	2			GNO	
Conditions, if o		PKI	MARY CA	RCINO	MA	OF 2	SLADDE		12m	03,	A6-0
gove rise to i couse (o), stoting											
lying couse lost.	) (c	:)								- 46	
Z PART II. OTH	IER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY
CATI			175						1	PERFOI	NO P
O (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter notur	e of injury in I	Port I or Por	t II of item 18.)		. #		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. INJU		LACE OF INJUR			or town)	(C	ounty)	-	(Stote)
Hour o.m.	19	While of work	ITOI WIIIE	octory, street, o	ffice bldg., etc.	.)					
			01		7 5	-2 0	2			_	
21. I certify th	at I attended the	deceased		, 19_2	7, to 16	=0K	1960				
alive an TE	23 18	1960	and that deat	h occurred	at $A = B$	M, fram	the causes an	d an the	date s	tated	abave
1	2 0	01	01 1			ADDRESS (S	treet, city or town,	stote)		DATI	E SIGNED
ACTUAL SIGNATURE	Jarber	6-1	almer x	M.D. 7	7 FRI	ANKL	IN ST.		2-	22-	-60
			7	1			44.				
PHYSICIAN'S Ba	rber C. F	almer	, M.D.	H	NNAP	OLIS	MD.				
220. BURIAL, CREMATIC		OF 2	22c. NAME OF CEMETERY	OR CREMATOR	/	22d. LOCAT	TION (City, town,	or county)		(Stote	-1
Buria (Specify)	2/25/60		Glen Haver			110000000000000000000000000000000000000	Burnie			131016	7
23. FUNERAL DIRECTOR	1	017	ADDRESS	. 11011101	1	D BY REGIST		STRAR'S SIG	NATUPE		
L/	Z.	May s	DA.	101	FF.	B 2 6 '6	O ZAB. REGI	Jun S.			
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TO HOSPITAL OF

VS A15 (4) 15M 9/58

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1518 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	nere deceased	b. COUNTY	n: Residence		lmission)
b. CITY OR TOWN (If outside corporo RURAL ond give nearest town) Crownsville	9mo	Jyrs. 25days	c. CITY OR TOWN (IF o	outside corpor	ote limits, write RI	JRAL ond g	give nearest	town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Crownsville Stat			/ d. street Address / 148 O'Ber	ry Cou	ırt	3136		RESIDENCE N A FARM? S NO X
3. NAME OF DECEASED (Type or print)	Janie	Middle Elizabet	tost Howard	4. DATE OF DEATH	Mon	th 2	Day 14	Year 19 60
5. SEX 6. COLOR OR Female Negr	RACE 7. MARRIED 1 N	DIVORCED .	8. DATE OF BIRTH March 30, 19	Total Control	9. AGE (In years lost birthday)  yrs.		-	1
10a. USUAL OCCUPATION (Give kind of during most of working life, even if the Housewile	work done 10b. KIND OF retired)	8USINESS OR INDU	STRY 11. SIRTHPLACE (Stote Maryland		uniry)	12. CITI		
13. FATHER'S NAME Frank Harris			14. MOTHER'S MAIDEN N				Day Ye 14 15 Der I YEAR IF UNDER IS PART 1(0) 19. WAS AL PERFORMATE ONSET AND DER IS Saw the detthe date stated Md. 2/14 Md. 2/14	3 412
15. WAS DECEASED EVER IN U. S. ARME (Yes. no. or unknown) (If yes, give wor or de Unknown			NFORMANT Hospital Reco	ords	Addr	ess		1.6
Conditions, if ony, which	O BY: Per USE (o) Per (b) Chr USE TO	onic Pyon	ephrosis					
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBL		Onephritis NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
	NER)		D. (Enter noture of injury in I					(64-1-1
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.		while fo	ctory, street, office bldg., etc	20f. (City			-	(Stote)
21. I certify that I attended alive an 2/14  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  PHYSICIAN'S L. Bened			n accurred at 10:45  M.D. Crownsvill  Crownsvill	ADDRESS (Sta	the causes an eet, city or town, te Hospi	d an the stote)	date sta	
229, BURIAL, CREMATION, 22b. DATE TO	1-1960 22cN	AME OF CEMETERY O	OR CREMATORY	22d LOCAT	ION (City, town,	county)	mel	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE GER	seja -C	DRESS .	MA 24g. REC' DATE	D BY REGIST	RAR 246. REGIS	STRAR'S/SIG	SNATURE 1	

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VS A15 (4) 15M 9/55 510

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

1519 CERTIFICATE OF DEATH

Reg. Dist. No. 11492

o. COUNTY Anne Arundel	MARYLAND	o. STAT	RESIDENCE (Where we will be seen to be seen	nere deceased	b. COUNTY	in: Residence		ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville	c. LENGTH OF STAY IN 16 8mo. 26 yrs. 8mo. 10 days	c. CITY		outside carpora	ate limits, write Rt			vn)
d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION Crownsville State Hospital			eet address known				ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Jennie	Middle	Н	lost oward	4. DATE OF DEATH	Moni 2	)h	Day 5	Yeor 1960
5. SEX 6. COLOR OR RACE 7. MARK Female Negro WIDOW		B. DATE OF 1868?		5	O. AGE (In years lost birthdoy) 91? yrs.		YEAR IF UNI	
10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)  Domestic	KIND OF BUSINESS OR INDU		irginia	ar fareign cou	untry)	12. CITIZ	U.S.A	T COUNTRY?
13. FATHER'S NAME Robert Lindsay		14. MOTI	Jenny	AME				
(Yes, no, or unknown) (If yes, give war or dates of service)		Hospit	al Recor	rds	Addr	ess		
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] Senile Cach	nexia					INTERVAL E	
gove rise to immediate couse (o), stating the under-	nic Brain Synd	irome I	ssociat	ed wit	h Genera	lized	Many	Years
Iying couse lost.   (c)	CONTRIBUTING TO DEATH BU	T NOT RELATE	D TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
	CRIBE HOW INJURY OCCURRI	D. (Enter not	ure of injury in f	Port 1 or Port I	II of item 18.)			
A Hour ome White			JRY (Home, form office_bldg., etc.		or town)	(Cou	inty)	(Stote)
21. I certify that I attended the deceas alive on 2/5		occurred		M, fram	, 1960 the causes a set, city or town, ce Hospit	nd an the	date stat	
PHYSICIAN'S L. Benedict, M.	. D./				e Hospit			/8/60
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	OR CREMATO		22d LOCATION D BY REGISTR	ON (City, town, o	r county) TRAR'S SIGN	(Sto	ite)
Illiam Leese, 11-	Unita, 71	rel.	DATEFE	B 1 0 '60	)	in & to	Lucia	1.3

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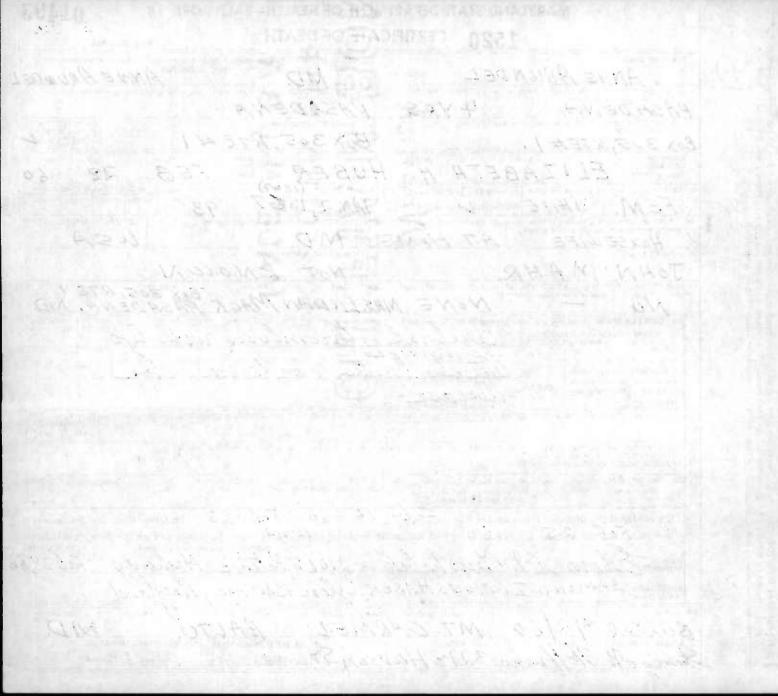
Rea Dist No.

o. COUNTY  ANNE ARUNDEL  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  PASADE IVA  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  BOX 305, RTE#1  3. NAME OF  First  Middle	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY AND E ARUNDE  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  STREET ADDRESS  STREET ADDRESS  4. DATE OF DEATH  OF DEATH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.)
RURAL and give nearest town)  PASADEIVA  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  BOX 305, RTEH  3. NAME OF  First  Middle	STREET ADDRESS  X 305, RTEH  Last BER  4. DATE DEATH DEATH DEATH PEB, 28  1960  OF BIRTH (7867)  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
BOX 305 RTE#1.  3. NAME OF First Middle	N 305, RTE H ON A FARM? YES NO E  Last OF DEATH FEB, Day Year DEATH FEB, 28 1960  OF BIRTH (1867)  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
3. NAME OF First Middle	BER 4. DATE Month Day Year OF DEATH FEB. 28 1960 OF BIRTH (1867) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	DEATH FEB , 28 1960 OF BIRTH (1867) 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
(Type or print) EL LABETH M. AU	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT  WHITE WIDOWED DIVORCED 7	Y. 2, 1867 (ast birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY of during most of working life, even if retired)  HOUSEWIFE  AT HOME	. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unkngwn) (If yes, give war or dates of service)  NONE MRS. L	NOT KNOWN ANT BOXINGS, RTS I ILLIAN MACK PASADENA, MD.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Celebral 1	thrombosis with left INTERVAL BETWEEN ONSET AND DEATH
422. Due to hemiplegea	cardinancelles
gave rise to immediate couse (a), stoting the under-lying couse lost.  (b) arterior (b) arterior (c) DUE TO (c) (c)	- Comes vionana
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT B	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r nature of injury in Part I or Part II of item 18.)
	INJURY (Home, form, 20f. (City or tawn) (Caunty) (State) reet, office bldg., etc.)
21. I certify that I attended the deceased from Feb. 16	19.60, to Feb. 28, 1960that I last saw the deceased red at 12:45BM, from the causes and on the date stated above.
ACTUAL Samond J. Moushalek M.D.	21015' Rethie Highway Feb. 28.6
PHYSICIAN'S EDMOND I. MOUSHABEK, (	glen Burne, Maryland
220. BURIAL, CREMATION, 22b. PATE THEREOF 22c. NAME OF CEMETERY OR CRES	ATORY 22d. LOCATION (City, tawl, or county) (State)
23. SUNERAL DIRECTOR'S SIGNATURE ADDRESS Seem Whetherm 3218 Hupson	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 1 '60 Orthur S. Kraya

moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. leath. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 9/SB



VS A15 (4) 15M 9/5B

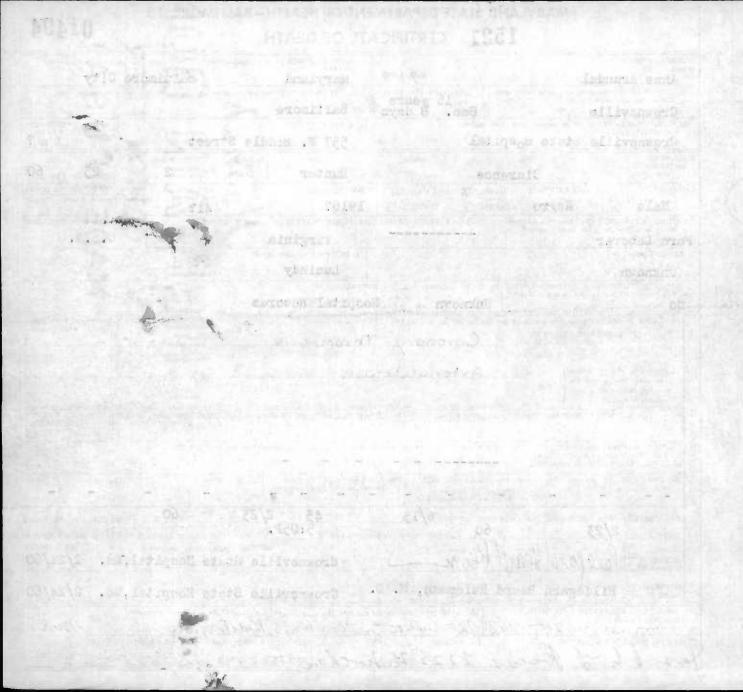
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
4						

1521 CERTIFICATE OF DEATH

01494

Reg. Dist. No.

1.	place of DEATH a. COUNTY Anne Arur	ndel			MARYLAND	2. USUAL RESIDENCE (Va. STATE	Where deceased	b. COUNTY,		before od	mission)
		f autside carporate lim	its, write	c. LENGTHO	F STAY IN 16	c. CITY OR TOWN (I	If autside carpor	ate limits, write R	URAL and giv	re nearest	lawn)
	Crownsvil	le		8mo.	years 8 days	Baltimore	8			3101	.4
	d. NAME OF HOSPIT	AL (If not in haspital,	give street o	ddress)		d. STREET ADDRESS				e. IS	RESIDENCE
		le State H	ospit	al		557 W. BI	iddle St	reet			NO I
	NAME OF DECEASED (Type ar print)	Fi C1	arenc		Middle	Hunter	4. DATE OF DEATH	Man 2	th	Day 23	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER	MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.
	Male	Negro	WIDOWE	D DI	VORCED 🗌	1918?		41? yrs.	Manths D	Pays Hai	urs Min.
100	. USUAL OCCUPATION	ON (Give kind af wark king life, even if retired	dane 10b. I	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHPLACE (Sta	ate ar foreign co	untry) ,	12. CITIZE	EN OF WH	AT COUNTRY?
F	arm Labore		'			Virgini	ia		I	J.S.A	
	FATHER'S NAME					14. MOTHER'S MAIDEN					
	Unknown					Lucindy					
15.		R IN U. S. ARMED FOI		SOCIAL SECUR	ITY NO. I	NFORMANT	V-10-10	Addı	ess		
(Ye	No vinknown	(If yes, give war or dates of		nknown	I	lospital Reco	ords				
F		ATH [Enter anly ane co	use per lin	e far (a), (b), c	and (c).1	-		-2-1-1		INTERVA	BETWEEN
		TH WAS CAUSED BY:		1		Th					ND DEATH
	420	IMMEDIATE CAUSE (c		Caron	JOXA	Lhrombosis	>				
	Canditians, if a	ny which )		0 1		ma la					
	gave rise ta i	mmediate (	,	HATEN	ioscler	OSIZ		-27			
	lying cause last.	the under-								1650	
Z		TER SIGNIFICANT CON		ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
₽ F										PE	REORMED?
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING [7]	20b. DESC	RIBE HOW IN.	JURY OCCURRE	D. (Enter nature of injury i	in Part I ar Part	II of item 1B.)		163	
CERT	OR CONTRIBUTING	CAUSE OF DEATH					-				
	20c. TIME OF INJUR		or 20d IN	JURY OCCURR	PED 20e. Pt	ACE OF INJURY (Hame, fo	arm 20f (City	ar tawa)	ICa	unty)	(State)
MEDICAL	Haur a.m. p. m.	19	While at wark	Nat_while	- 6-	tary, street, affice bldg., o	etc.)	-	-	-	- (5,0,0,0)
	21. I certify th	gt I attended the	decease		5/15	, 19. 43 ta	2/23	1960	that I last	saw the	e deceased
	alive an2	/23	19 6	0, and	that death	accurred at 5:05.	P.M, fram t	he causes an	d an the	date sta	ted abave.
	11.77	200-10/1/	and l	10.			ADDRESS (Str	eet, city ar tawn,	state)		DATE SIGNED
	ACTUAL SIGNATURE	elegarin H	ary f	YIM		M.D. Crownsv	ille Sta	ate Hosp	ital, Mo	d. 2	/24/60
		ildegard H		Reissma	n, M. D	• Crownsv	ille St	ate Hosp	ital,M	d. 2	/24/60
220	REMOVAL (Specify)	en, 226. Date thereo	1960	Met-C	Charlery O	R CREMATORY Lewelly	Ball	ON City own,	or county)		state)
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. RE	EC'D BY REGISTI	RAR 245 REGIS	STRAR'S SIGN	NATURE	
1	seph	I Re	uss	222	2 24,	horth and DATE	FEB 2 9 6	0	Thur S. 7	Kines	
T											



TO HOSPITAL

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1471 CERTIFICATE OF DEATH

1. PLACE OF DEATH CO. OF DEATH					Reg. Dist.	No.
ALANGE OF HOSPITAR (I ROLLING)    A. HARE OF HOSPITAR (I ROLLING)   STEEL ADDESS   A. DATE ON INSTITUTION	o. COUNTY (). (	MARYLAND	2. USUAL RESIDENCE (Who			before admission)
ON INSTITUTION  ON A FARM  STORED ON THE CONTROL OF	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	NGTH OF STAY IN 16	c. CITY OR TOWN TIF OR	1 6	rite RURAL and giv	e nearest tawn)
S. SES   6. COLOS OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In. year)   IF UNDER 1 YEAR IF UNDER 22 HIS.	OR INSTITUTION	"Home	STREET ADDRESS			ON A FARM?
DIOU SULA OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sueve or foreign country)  12. CILIZEN OF WHAT COUNTRY DEPORTS AND AND ADDRESS OR INDUSTRY 11. BIRTHPLACE (Sueve or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMBOLFORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b): 30d (c)]  PART I. DEATH WAS CAUSED BY. INMEDIATE CAUSE (e)  DUE TO  Conditions. If only, which gover from 4 to 10 miles of the course of the course (o), unling the under course (o), which will not count (o), unline the under course (o), which will not country (ii) or country from 10 more)  200. ACCIDENT WAS UNDERTRING []  201. ACCIDENT WAS UNDERTRING []  202. TIME OF INJURY Month, Doy, Year Winhie Individed the deceased from []  203. ACCIDENT WAS UNDERTRING []  204. THE OF INJURY Month, Doy, Year Winhie Individed Individed the Course (o), while Individed Individ	3. NAME OF DECEASED (Type or print) & Grace O	10	Hurd	4. DATE OF DEATH	Manth 2 -	0 1 x
Addiess  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED VER IN U. S. ARMOLFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JACKS MAIDEN NAME  18. CAUSE OF DEATH [Enter only one course per line for (a). (b) Gold (c).]  18. CAUSE OF DEATH [Enter only one course per line for (a). (b) Gold (c).]  18. CAUSE OF DEATH [Enter only one course per line for (a). (b) Gold (c).]  18. CAUSE OF DEATH [Enter only one course per line for (a). (b) Gold (c).]  19. PART I. DEATH WAS CAUSED BY:  19. IMMEDIATE CAUSE (a)  19. DUE TO  19. Conditions, if only, which under line unde	Y-0 1 On-0-4		5. DATE OF BIRTH Sel. 17-18	80 9. AGE (In layroring	day) Months De	
15. WAS DECEASEDEVER IN U. S. ARMOD-FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FUEL METAL DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one coure per line for (a). (b)-grid (c)]  19. PART I. DEATH WAS CAUSED BY.  19. DUE TO  Conditions, if any, which gove "rise to immediate cours (a), toling the under (c).  19. PART II. OH-PRISIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDY YES.  19. DAY OF INJURY MAS CAUSED BY.  20a. ACCIDENT WAS UNDERVING (C)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ard Fart II af item 18.)  20c. ACCIDENT WAS UNDERVING (C)  20c. ACCIDENT (C)  20c. ACCIDENT WAS UNDERVING (C)  20c. ACCIDENT WAS UNDERVING	Dr. Osteopathy net Ost	of Business OR INDUS	TRY 11 BIRTHPLACE (State of	ar fareign country)	12. CITIZI	S. A.
18. CAUSE OF DEATH   Enter only one course par line for (a), (b) and (c)	13. FATHER'S NAME Moses Livis	/	14. MOTHER'S MAIDEN N.	AME		
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate couse (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMEDY PERFORMED PRODUCTION OF DEATH INTO THE PART I (a) 19. WAS AUTOPSY PERFORMED PRODUCTION OF DEATH INTO THE PART I (b) 19. WAS AUTOPSY PERFORMED PRODUCTION OF DEATH I (FEITHER NOTHEY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING A DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)  201. ACCIDENT WAS UNDERLYING A DAY OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)  202. CIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 19.)  203. ACCIDENT WAS UNDERLYING A DAY OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)  204. CITY OF THE PART I ON THE THE PART OF THE PART I ON THE PART I	15. WAS DECEASED EVER IN U. S. ARMED_FORCES? 16. SOCIA	L SECURITY NO. 17. IN	Mrs Grace	Mason	Address	2)
DUE TO  Canditions, if any, which gave first to immediate couse (a), staling the under-lying coure last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19: WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO	PART I. DEATH WAS CAUSED BY:	(a). (b) and (c).]	chapleus.	monia		
gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PORTION OF CONTRIBUTING COULD BE CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTIO	491 X DUE TO	100				Z priys
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19: WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While   19 all while   19 all work   19	gave rise to immediate cause (a), stating the under-	The same of the same of	the second of th	" një diringë die		67-11
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED While at work of the at work	_	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVFN IN PART I	PERFORMED?
21. I certify that I attended the deceased fram	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter nature of injury in Po	art I or Part II of item 10	3.)	
alive on	Haur a.m. While T	Not while fact	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(Cou	unty) (State)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PEMOVAE (Specify)  23. FUNIERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	9 0 0					
NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, Idwn, dr cdunty)  (State)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	ACTUAL BOLLAL A	Leel,				
DEMOVAE (Specify) 2 - Y/-1960 Slenus Oct Cent Washington 223. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS A RECTOR'S SIGNATURE  ADDRESS A RECTOR'S SIGNATURE	PHYSICIAN'S NAME (Type)		Barr	upole	ं	, , , , , ,
The state of the s	Beneral 2-11-1960	NAME OF CEMETERY OR	CREMATORY	Mashen	awn, ar county)	(Stole)
		ADDRESS	11/4		/	

TAZE CERTIFICATE OF DEATH Management of the second secon

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A15 (4) 15M 9/55

5. SEX  6. COLON OR RACE  7. MARRIED NEVER NEVER MARRIED N		Neg. Dist. 110.
D. CITY OF TOWN [If outside corporate limits, write RUBAL and give necessary for the RUBAL and give	e. COUNTY	
BUALA and give necesta lown  I. MAMA OF POSPITAL (If not in hospital give street oddress)  J. A. STREET ADDRESS  ON INSTITUTION ST. ST. A. ST.	HNNE TRUNCEL	
d. NAME OF INCOPITAL (If no in hospital) or street oddress)  3 19 - WOS 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)
3. NAME OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH ON DOY POWER OF DEATH	ARNapolis	
3. NAME OF DECLASED (Pype or print)  DECLASE		
DECEASE OF DEATH (Enter only one course per line for (o), (b), and (c).    DISCAL COSCASEDEVER IN U. S. ARMED CONCESS (o).   DISCAL COSCASED (o).   DISCAL C	1312-West St. Homewood Lous Home	171-Cartoff Road YES NO 1
S. SEX   6. COLON OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   S. DATE OF BIETH   S. AGE (In years light himshop)   No. AGE (In years)	3. NAME OF First Middle	OF
100. USAL OCCUPATION (Give kind of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTS during most of working life, year if reliefed and provided in the country   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).   19. PART I. DEATH WAS CAUSED BY: MOMENT AND USE TO CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PERFORMED?   19. CONTRIBUTION OF CONTRIBU		HYNSON DEATH Feb. 15 1960
DIVORCED DIVORCED 100. USUAL OCCUPATION GIVE wind of work ind of work indige ille, year if rainty on the work indige indige indige of working ille, year if rainty on the work indige	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Ja. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), ond (c).]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), ond (c).]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), ond (c).]  19. PART I. DEATH WAS CAUSED BY:  19. MANDALISE ETWEEN  ONSET AND DEATH  ONSET AND DEA	male white widowed or DIVORCED	
13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  19. PART I. DEATH WAS CAUSED BY:  (b)  10. Conditions, if any, which  gove rise to immediate (b)  Coust (p), Isoling the under:  (c)  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOFY PERFORMED?  19. OA. CCIDENT WAS UNDERVING [C)  20. ACCIDENT WAS UNDERVING [C)  20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate work [C) of work [C] of work [C	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
15. WAS DECEASEDENER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address BOX 180 A - Solley  WENDOWN  MAS. HILLA LUGGITHE -  RESIDENCE  MAS.  18. CAUSE OF DEATH [Enter only one couse per line for [o]. (b). and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), Isoling the under:  (b)  gove rise to immediate couse (o), Isoling the under:  (c) Isoling the under:  (c) Isoling the under:  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [o] 19. WAS AUTOPSY PERFORMED?  YES ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  30. ACCIDENT WAS UNDERLYING [III]  30. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  30. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  19. Not while of work [III] of work [III] of work [III] of work [III]  21. I certify that I oftended the deceased from [III]  22. I certify that I oftended the deceased from [III]  23. ONLY COURSES (Street, city gajown, tote)  ADDRESS (Street, city gajown, tote)  DATE SIGNA  ADDRESS (Street, city gajown, tote)  PHYSICIAN'S  NAME (Type)  22. BURIAL CERMATION, 12th. DATE THEREOF  PHYSICIAN'S  NAME (Type)  23. FUNCASIA DIRECTOR'S SIGNATURE  74. REC'D BY REGISTRAR'S SIGNATURE  75. REC'D BY REGISTRAR'S SIGNATURE	1 00 11 010	Kent Co. md. 4.S. A.
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
18. CAUSE OF DEATH   Enter only one course per line for (o), (b), and (c).	CUKNKOWN) HYUSON	Tem verance (UNKNOWN)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTORY PERFORMED?  YES \[ \begin{array}{c}  NO. ACCIDENT WAS UNDERLYING \[ \begin{array}{c}  DC CONTRIBUTION COURSED  ACCIDENT WAS UNDERLYING \[ \begin{array}{c}  DC CONTRIBUTION COURSED  ACCIDENT WAS UNDERLYING \[ \begin{array}{c}  DC CONTRIBUTION COURSED  While \[ \begin{array}{c}  NO. DESCRIBE HOW INJURY OCCURRED  While \[ \begin{array}{c}  NO. PLACE OF INJURY (Home, form, look, steel, office bldg, etc.)  P. m.  19  10  11  12  12. I certify that I attended the deceased from \[ \begin{array}{c}  DATE SIGN  ACTUAL  ACTUAL  ACTUAL  SIGNAPURE  PHYSICIAN'S AUTORY  ACTUAL  ACTUAL  PHYSICIAN'S AUTORY  ACTUAL  ACTUAL  ACTUAL  PROPERTY OF CEMATION, 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (1), 100 (	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address Box 180 A-Solley
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate (b) gove rise to immediate (couse (a), stoling the under lying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COUNTRY  PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS COUNTRY  PART III. OTHER SIGNIFICANT CONTRIBUTION COUNTRY  PART		rs Hilla Luedthe- Pasadeva md.
DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoling the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFOR	70	INTERVAL BETWEEN
Canditions, if any, which gove rise to immediate cause (a), stoting the under.    Jying cause lost.   Co	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO	
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adive an solution of the destated about the course and on the dote stated about ADDRESS (Street, city as lown, stote)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. 4 Solution (City as lown, stote)  PHYSICIAN'S  PHYSICIAN'S  AMME (Type)  220. BURIAL, CREMATION, PREMOVAL (Specify)  PERSON AME OF CEMETERY OR CREMATORY  PREMOVAL (Specify)  PREMOVAL (Specify)  19 Feb. 1960  Fig. Haven Cemetery  23. FUNERAL DIRECTOR'S SIGNATURE  24b. REGISTRAR'S SIGNATURE		I WE FER WALLE
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220. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  23f. FUNERAL DIRECTOR'S SIGNATURE  23f. FUNERAL DIRECTOR'S SIGNATURE  23m. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE	SIGNATURE COLUMN STORE	M.D. 71 Staurige (MC) of 10/61
BREMOVAL (Specify) 19 Feb 1960 Glen HAVEN CEMETERY Glan BYRNIE MG. 23. FUNERAL DIRECTOR'S SIGNATURE Single to 75 H ADDRESS ZAO. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	Ourspoles my
23. FUNERAL DIRECTOR'S SIGNATURE Single for fift ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
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AR.		Language and College		

**CERTIFICATE OF DEATH** 1522

Reg. Dist. No.

01497

1.	PLACE OF DEATH a. COUNTY Anne Arun				MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryland		b. county	ntgom	ery	V
	RURAL and give n Crowns vil		nits, write	9mo.	46 years 4 days	c. CITY OR TOWN (If a	iutside corpor	rate limits, write R	URAL and g	15 X	town)
	OR INSTITUTION	TAL (If not in hospital, le State H				d. street address Unknown				0	RESIDENCE ON A FARM? S NO U
3.	NAME OF DECEASED (Type or print)		ini Samue		Middle	Johnson	4. DATE OF DEATH	Mon 2		17	19 60
	Male Male	6. COLOR OR RACE	WIDOWI	ED 🔲	DIVORCED [	8. DATE OF BIRTH Approx. 1879	Ap	9. AGE (In years last birthday) prox. 80:	Months Months		INDER 24 HRS. Durs Min.
10	during most of wor Unknown	king life, even it refire	dane 10b.	KIND OF B	USINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryla)		iuntry)		U.S.A	HAT COUNTRY?
13	Jerry Joh	nson				14. MOTHER'S MAIDEN N Rachel M		SAL THE			altri A
		R IN U. S. ARMED FO (If yes, give war or dates of	service)	social second		Hospital Rec	ords	Addı	ress		
	The second secon	mmediate (	o) A1	uricul	ar Fibri	llation c Heart Diseas	3 <b>e</b>			INTERVA ONSET	L BETWEEN
CERTIFICATION						NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	PI	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Part	II of item 18.)			
MEDICAL	Hour a. m.	Y Month, Doy, Yo	While	NJURY OCC  Nat work	hile _ fa	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.	20f. (City	ar tawn)	- (0	aunty) —	(State)
	21. I certify the alive on	2/17	e decease			, 1913, to2/1 occurred at10:351 M.D. Crownsville	M, fram	the causes o	and an th	ne date s	the deceased tated above. DATE SIGNED 2/18/60
	PHYSICIAN'S I	Hildegard I	Heard	Reiss	man, M. 1	. Crownsville	State	e Hospita	al, Md.	. 2	2/18/60
22	REMOYAL (Specify)	HI, 220. DATE THERE	OF/ 1	22c. NAM	E OF-CEMETERY O	R CREMATORY	22d. LOCAT	ION (City Lawn, o	or county)		(State)

TO MOSTIAL CONTRIBUTION TO A CONTRIBUTION OF THE MOSTIAL OF THE MO ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL O

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death. Page 4

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VS A15 (4) 15M 9/58

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
14	73 0	CERTIFICATE	OF DEATH		

		~ 2 0	CERTITION	TIL OI DE	*****		Reg. Dist. No	).
o. COUNTY	Anne Arundel		MARYLAND	o. STATE	CE (Where deceased I	b. COUNTY	Residence befo	
RURAL ond give	(If outside carporate limits, neorest town)	write c. LENGT	TH OF STAY IN 16		N (If outside corporor	te limits, write RUF	RAL and give ne	carest town)
OR INSTITUTION	PITAL (If not in haspital, give			d. STREET ADDR	Fleet St.			e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First		Middle	JONES	4. DATE OF DEATH	Month February	7 4	Yeor 19 <b>60</b>
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NE	DIVORCED [	8. DATE OF BIRTH August 24	, 1893	1 -0 -0 -	Months Days	Hours Min.
turing most of wo	TION (Give kind of work don orking life even if retired)	e 10b. KIND OF E	BUSINESS OR INDU		(State or foreign courter Carolina	ntry)		S.
13. FATHER'S NAME	Ceals	De	nu	14. MSTHER'S MAI	DEN NAME	laR	el	ler
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES		CURITY NO	NFORMANT !	is Has	1 Edg	ena	termo
	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o),	(b), and (c).]	none	reas	,		ERVAL BETWEEN
Conditions, if gove rise to couse (o), stotin lying cause losi	DUE TO any, which immediate g the <u>under-</u> DUE TO	Emy	yen le Co	a of the si	galle	ach	deg	9 day
PART II. O	THER SIGNIFICANT CONDIT	deer	of ston	NOT RELATED TO THE	TERMINAL DISEASE (	,	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Hour o. m p. m	JRY Manth, Day, Year	20d. INJURY OCC While Not voor work of work	while fo	ACE OF INJURY (Home ctory, street, office bld		r town)	(County	) (State
21. I certify alive on T	that I attended the de	12.60. Rosel		occurred all:	20AM, from the ADDRESS (Stree Franklin	ne causes ond et, city or town, st	on the dot	
220. 8URIAL, CREMATI REMOVAL (Specif	Edith Rodle		ME OF CEMETERY O		22d. LOCATIO	ON (City, tawn, or	country	(State)
23) FUNERAL DIRECTO	OR'S SIGNATURE	ADD ADD	RESS		REC'D BY REGISTRA		RAR'S SIGNATE	

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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1523 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	A. A.		MARYLANI	2. USUAL RESIDENCE o. STATE	Md •	d lived. If instituti b. COUNTY		perfore admission)		
B. CITY OR TOWN RURAL ond give Arnold	(If outside corporate lim nearest town)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Arnold							
d. NAME OF HOSE OR INSTITUTION Joyce Lat		d. STREET ADDRESS Joyce Lane  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)								
3. NAME OF		rat	Middle	Lost	4. DATE	A4	al.			
(Type or print)	MAR	7	AMY JOYCE		OF DEATH	Fe	b.	21, 1960		
s. sex female	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED	1	1879	9. AGE (In years lost birthdoy) 80 yrs.	Months Da	EAR IF UNDER 24 H		
100. USUAL OCCUPAT		done 10b. K	CIND OF BUSINESS OR IN				12. CITIZE	N OF WHAT COUN		
Homemaker				Md.						
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME					
Octavus I	(night			Laura V.	Hopkins					
15. WAS DECEASEDEN	/ER IN U. S. ARMED FOI			. INFORMANT		Add				
NO CAUSE OF D	EATH [Enter only one of		no I	Mr. J. Rodg	ers Joyc	e - Arno				
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	1	oronan	2 This	noon			INTERVAL BETWEEN		
420 Conditions, if	ony, which	(1)	iteria o	Protect /h	least v	1 Ois oas	0	4ms		
gove rise to couse (o), stotin lying couse los	g the under-		740			,				
			ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE I	TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(	o) 19. WAS AUTOP PERFORMED? YES NO		
20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUP	RRED. (Enter nature of injur	ry in Port I or Por	t II of item 1B.)				
20c. TIME OF INJU Hour a. m p. m	. 10	ar 20d. IN While of work	Not while	PLACE OF INJURY (Home, factory, street, office bldg	, form, 20f. (City	or town)	(Cou	nty) (Sto		
21. I certify	that I ottended the	deceose	d from Jehr	5, 1953 10	Jeh.	2/ 1960	Othot I los	t sow the dece		
alive on	Jon: 10,	1196	6	oth occurred at 4	M, from		and on the	dote stoted ob		
ACTUAL SIGNATURE	Joing 1	The	the	M.D. 65A	HAW S	7.		2/21		
PHYSICIAN'S NAME (Type)	JAMES A	M	ARTIN	AN	NAPOLI	SIMP	(	/ /		
220. BURIAL, CREMAT REMOVAL Specif BUTI &	2/24/60	OF /	22c. NAME OF CEMETERY Loudon Pa		_	TION (City, town,		(State)		
23. FUNERAL DIRECTO	SUR MULE	Yste	ADDRESS RA		REC'D BY REGIST		STRAR'S SIGN	ATURE and		
				Mil						

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CHARTER SAID

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1474

### CERTIFICATE OF DEATH

	Yes the Dansett				keg. Dist. 140.			
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylar	nere deceased lived. If inst b. COUI	itution: Residence before admission)  NTY Prince Georges			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL - Upper Marlboro /6 /					
d. NAME OF HOSPITAL (If not OR INSTITUTION Anne Arundel Ge			d. STREET ADDRESS RFD 2300 e. IS RESIDENCE ON A FARM? YES NO O					
3. NAME OF DECEASED (Type or print)	First Harold	Middle Owen	Lost KNAPP	T	Month Day Year			
5. SEX 6. COLO	OR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye lost birthdo	Dy) Months Doys Hours Min.			
00. USUAL OCCUPATION IGive difference of contract	kind of wark done 10b				12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Dr. John Bes		(March Sandard)		Rintoul				
5. WAS DECEASED EVER IN U. S (Yes, no. or unknown) (If yes, give	X1918		INFORMANT Mary Page Kr	מומפו י	Address 2300,			
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost.	DUETO	Cuchel	artenorel	cons with	. Otclerin			
PART II. OTHER SIGNI		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of item 1B.	) =			
20c. TIME OF INJURY Month Hour a. m. p. m.	While		LACE OF INJURY (Home, farm octory, street, office bldg., etc		(County) (State)			
alive an Feb.	18, 19		h occurred a 10:55A		1 2			
	y H. Wilson	n	Loth	nian, Md.				
226. BURIAL, CREMATION, 22b.  REMOVAL (Specify)  2/	22/60	St. Barnah	or CREMATORY	22d. LOCATION (City, to	wn, or county) (Stote)			
23. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS Uppe	24a. REC	D BY REGISTRAR 246. R	REGISTRAR'S SIGNATURE			
TITOOTITO DIOS	DI MITOT OT	TIOTHO MANIN	OTO WIG STILL	MAI I OO I	21, 100000			

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Reg. Dist. No.

burial-transit detach DIRECTOR:

With 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 8 8 b. COUNTY MARYLAND Anne Arundel Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) years Brandywine Crownsville 4 days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Unknown YES NO TO Crownsville State Hospital NAME OF DECEASED First Middle 4. DATE Lost Month Day Year 2 60 William H. Lee (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months Days DIVORCED Male Negro WIDOWED DO popers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. U.S.A. Maryland Unknown ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lee Barbara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address If yes, give war or dates of service) Hospital Records Unknown Unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ACHEXIA, SENILE DUE TO Conditions, if ony, which any gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY remaval, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) - Heur o. m. factory, street, office bldg., etc.) -While Not whileof work of work 21. I certify that I attended the deceased fram 11/1 and that death occurred a 7:00 AeM, from the causes and an the date stated above. 60 ADDRESS (Street, city or town, state) ACTUAL Crownsville State Hospital. Md. è prior FUNERAL DIR Crownsville State Hospital, Md. PHYSICIAN'S Hildegard Heard Reissman, M. D. registror NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR FEB 2 4 '60 Circlina S. Firmers anguary mo DATE

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MARY LAND STATE DEPARTMENT OF HEALTH-SALIMORE 18 10510 M.CALEDO . . . With the bear with the property of the property of AND REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS. . America appear of the contract of the contra BURES AT ESTABLE CONTRACTOR OF THE COMPANY OF THE SECOND PROPERTY OF THE PROPE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL

VS A1S (4) 15M 9/5B

eath. Page 4

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
	CERTIFICATE OF DEATH	
4122	CERTIFICATE OF DEATH	

	1	47t5ms 8	CERTIFIC	CAIE OF DEATH Reg. Dist. No.						
PLACE OF DEATH     a. COUNTY	Anne Ar	undel	MARYLAND	a. STATE	CE (Where decease	b. COUNTY				
b. CITY OR TOWN RURAL and give		imits, write c. LEN	7 days	11 0 0		porate limits, write the large	RURAL and g	give neares	t tawn)	
OR INSTITUTION	ITAL (If not in hospital ndel General		27,85000 (1000)	STREET ADDR	RESS	0			IS RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type ar print)	Alic	First	Middle	LEEF	4. DATE OF DEAT			Day 4	Year 19 <b>60</b>	
5. SEX Female	6. COLOR OR RAC	WIDOWED	DIVORCED	8. DATE OF BIRTH	1898	9. AGE (In years last birthday) 61 9 yrs.	Manths		UNDER 24 HRS	
10a. USUAL OCCUPAT during mast af wa	ION (Give kind af war rking life, even if retir	rk dane 10b. KIND C red)	OF BUSINESS OR INDU	1 10	(State or foreign	country)		U.S.	HAT COUNTRY?	
13. FATHER'S NAME	Louis B	owen		14. MOTHER'S MA	IDEN NAME	Hinton	A			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED F	ORCES? 16. SOCIAL of service)	SECURITY NO.	INFORMANT			dress			
	any, which immediate DUE	Y ₁ (a) Quel (b)	i), (b), and (c).]	cardicO	ufu	Don			AL BETWEEN AMD DEATH	
20g. ACCIDENT W	ITHER SIGNIFICANT CO	20b. DESCRIBE H	relita	T NOT RELATED TO THE	(		VEN IN PAR	160	WAS AUTOPSY PERFORMED? ES NO	
20c. TIME OF INJU Havr a. m., p. m.		While N	at while fo	LACE OF INJURY (Ham actary, street, affice blo		ity ar tawn)	((	Caunty)	(State	
21. I certify to alive an actual signature PHYSICIAN'S NAME (Type)	Feb. 4, John L. He	Je Den		1	584 M. fran	n the causes at Street, city ar tawn	nd an the	e date st		
22a. BURIAL, CREMATI REMOVAL (Specification) 23. FUNERAL DIRECTO	2/5/	60 9	NAME OF CEMETERY OF	ldo	220 LOC	ATION (City, town,	ar caunty)	7/2 GNATURE	(State)	
Berna	1/1	Therdesty	Jales	1.1.			Jun S.	77	1	

Construe dente de la Constanti Carlot March 1 Well trialed - Jaffer Challenger Sales States of the Sales of th Standard of Hall Tall -eo-111 • • A CONTRACTOR OF THE STATE OF TH and the document of the state o ON A SECOND OF THE PROPERTY OF Line and remote the second of the second of

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S. TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page	moy be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar page 3 shauld be detached far use as the burial-transit permit. Then please remove carban dagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after depth.	
NDING PH	t: After this oched far us oched far us ouriel, cremo	
TAL O TT	RAL DIRECTO shauld be det strar prior to	
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		CERTIFICA	E OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Chance armedel	MARYLAND 2	a. STATE	b. COUNTY	Residence before admission)  Residence Assurede.
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RECH Hailm Pasadlus 5	Menths	C. CITY OR TOWN (IF outside Freen Han	le corporate limits, write RU	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. 3  BOX # 467B		d. STREET ADDRESS R.F.D. BOX#	467 B.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) A DOL PH WILL	LIAM LE	01-12.	DATE OF DEATH FEBRUA	Day Year 1966
5.	MALE WHITE WIDOWED		EPT. 25 1879		Months Days Haurs Min.
10	b. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME ALFRED LEISIN		14. MOTHER'S MAIDEN NAME ERNEST	The state of the s	
15 (Y	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wor or doles of service)		PS, GERTRU	DE KUHN	"Pasadena, Mo
	18. CAUSE OF DEATH [Enter only one couse per line far (o)	), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	RERRA	1 740	MARRIE :	ONSET AND DEATH
	1445 X IMMEDIATE CAUSE (a) CC	1 1 1 1 1 1		21/20213	. 1000
	Canditions, if any, which	skroter (	Cardiovas	eular dese	ease 2 years
-	couse (o), stoting the under.   DUE TO	hertense	0.0		4 year
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	THE TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	)W INJURY OCCURRED. (	Enter nature of injury in Part	I or Part II af item 1B.)	
MEDICA		CCURRED 20e. PLACE factor work	OF INJURY (Home, form, 2 y, street, office bldg., etc.)	Of. (City or tawn)	(Caunty) (Stat
	21. I certify that attended the deceased from	Octalies	2019.59 to Fel	June 5 rdets	hat I last saw the decease
	alive an February 3, 1960		ccurred at 4 A.M.		an the date stated above
	SIGNATURE R. M. Mc Faugle	lin M.	RF08BOX4	42 Pasadei	14, Md. Feb 5, 19
	PHYSICIAN'S R.M. Mc Las	ughlin			
22	BURIAL, CREMATION, 226. DATE THEREOF 22c. N. REMOVAL (Specify) 2 - 8 - 60. MT	AME OF CEMETERY OR C	CEM. 22d	LOCATION (City, town, or 712 6 DONNELL	county) (State)  ST. BALTE 24, M.
23.	FUNERAL DIRECTOR'S SIGNATURE 90/5 COA	DRESS KLINGS	24a. REC'D BY	REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

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Reg. Dist. No. 27

1.	PLACE OF DEATH a. COUNTY	Anne Arun	del	MARYL		usual RESIDENCE (Who a. STATE Marvland	nere deceased	b. COUNTY	Arunde		ission)
	b. CITY OR TOWN (If	autside carporate limi		c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)					vn)
	RURAL ond give ne Fort Georg			5 Hrs17 Mi	n. >	Fort Georg	re G. 1	Meade			
-		AL (If nat in haspital, g	ive street			d. STREET ADDRESS					SIDENCE
	OR INSTITUTION	U. S. Army	Host	oital		1545-C Car	vel A	venue			A FARM?
3	NAME OF	Fir		Middle	11.	Lost	· · · · · · · · · · · · · · · · · · ·	Man	44.	Day	Year
	DECEASED (Type or print)				1/		4. DATE OF DEATH		ruarv	21	19 60
5	SEX			copher – RIED NEVER MARRIED	TIR I	PATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	
J.	Male	Cau	WIDOW		_ ;	21 February	1960	last birthday)	Manths Da	-	
100				KIND OF BUSINESS OR				yrs.	12 CITIZEN	OF WHAT	COUNTRY?
100	during mast af work	ing life, even if retired	)		INDUSTR			5011177			CODIVIRIT
10	N/A			N/A		Maryl			US.	A	
13.	FATHER'S NAME					4. MOTHER'S MAIDEN N	NAME				
	Elmer E	. Lewallen				Marie Mo	Girt				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Addi			
Ĺ	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mot	ther	15.	45-C Carv	rel Ave	, FGG	M, Md
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						NTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	,	Prematurity	-				-	NSET AN	rs 17
	IMMEDIATE CAUSE (a) FT GIII CUTT Cy  DUE TO										
	Canditians, if or										
	gave rise to in	n mediate (	)								
	cause (o), stating !	the under-									
7		lying cause last.   (c)   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY									
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1(d	) 19. WAS PERF	ORMED?
S				1						YES [	] NO []
CERTIFI	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in I	Port I ar Pari	t II af item 1B.)			
S		Y Manth, Doy, Ye	or 20d. I	NJURY OCCURRED 2		OF INJURY (Hame, form		or tawn)	(Caur	ily)	(Stote)
MEDI	Haur o. m.	19	While at wor		ractary	, street, affice bldg., etc	:-)				
<		-4 1 -44 4-44		sed fram. 21 Fe	hmne	257 1060 - 21	1 Fehr	100 mass		- 1	
			19								
	alive on 21 F	epruary	, 19.5	and that a	death a	corred at 5:45F					
	ACTUAL /	- A	11.	14 - 1	Mar	1	ADDRESS (St	treet, city ar tawn,	state)	D/	TE SIGNED
	SIGNATURE	1 Jane	VV	- Cay	M.D					21	Feb 6
	PHYSICIAN'S RO	GER C. MOY	ER, (	CAPT), MC		U.S. Army F	Hospit	al, Fort	Geo G	Meade	, Md
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCAT	TION (City, tawn,	or county)	(St	ate)
	Cremation	00 7		Laboratory		Army Hospit	1			,	
23.	FUNERAL DIRECTOR			ADDRESS BETT	Y M.	ELLIS 24a. REC'	D BY REGIST	RAR 24b. REGI			
7	mall	1 capt ms	Capt	t., MSC, USA	H, F	GM, MC DATEFF	3 2 6 '60	)	1 11 11		

may be retained by the hospital or othending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral TO FUNERAL DIRECTOR: Pages I and 2 shauld be the principle of the pri TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the registrar priar ta burial, cremation, ar remaval, ond in any event within 72 hoursefter death TO HOSPITAL OF VS A15 (4) 15M 9/5B

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death. Page 4

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of be retained by the naspilor of offending physicion.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	e registrar priar to buriol, cremotion, ar removal, and in any event within 72 hours after death.

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of death. Page 4

	- 1	12/0	Reg. Dist. No.
l Ba		1. PLACE OF DEATH  o. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ANNE ARUNDEL
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  // ANNAPOLIS
05	7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U.S. NAVAL HOSPITAL, ANNAPOLIS, MD.	/ d. STREET ADDRESS 321 N. Glenn Ave.  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
		3. NAME OF First Middle DECEASED (Type or print) OSCAT W.	LINDAUER  4. DATE Month Doy Year OF DEATH 2 13 19 60
		5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9-13-07 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
death.		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MILITARY	Indiana 12. CITIZEN OF WHAT COUNTRY
₽ T	Y	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0	1	Benson DePaul Lindauer	Mary E. Walker
200		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
72 1		YES (If yes, give wor or dates of service)	fe: Eleanor H. Lindauer 321 N. Glenn Aye.
in any event within 72 hours after death.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusi  ### DUE TO  Conditions, if ony, which agove rise to immediate  (b) Coronary Artery	on Annapolister value tween on Set and Death Immediate  Disease With Angina Pectoris 5 years
o puo		cause (o), stating the under- lying couse last.   Cc)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
removal, and	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	PERFORMED? YES NO NO NO. (Enter noture of injury in Part I or Port II af item 18.)
, o ,		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
cremotion, ar r			ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctary, street, office bldg., etc.)
to buriol		alive an New 19, and that death	accurred at 11.35 A.M., from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D. U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND
strar p		PHYSICIAN'S S. (n) BUSCH LT MC USNR	U.S. NAVAL HOSPITAL, ANNAPOLIS, MD.
page 3 should be the registrar priar		20. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF C	national Willington Va
(4) 5		23-FUNERAL DIRECTOR'S SIGNATURE CHOS CAPORESS STORY	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 1 7:60 Orthun & Kraus
	V		

NT OF HEALTH-BALTIMORE, 18			
THE OR DEATH	TY CERTIFICA		
		Constant A	, All 1920
English Committee Committe			
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Item

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

(address)	d. STREET ADDRESS	for of	24			FARM?
und .	(4620	1001 /4				NO D
Middle	Lost	4. DATE OF	Mont	th :		eor
770	2000	DEATH	FRB-	1		1960
RIED NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years st birthday)	Months Day		Min.
DIVORCED	30 duly 18	19-181	# 85m.			
KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country	y)	12. CITIZEN	OF WHAT	COUNTRY?
elt-Emb-	Mary 19	nd		M.	11/2	
	14. MOTHER'S MAIDEN N	IAME.	1-	- ,		
Long	Marga	ret	4- /	aybr		
SOCIAL SECURITY NO. 17. 1	NFORMANT	11	/ Addr	485.	fulto	20.
Nomb 1	K. Dorothea	YOUNGL	but of	3/1/0	231/	10/
ine for (o), (b), and (c).]	1 114	21.1	1	1	TERVAL BE	TWEEN
lassine for	housestine	I herry	rhaze		MACE AND	DEATH
rete wit le	tumened a	tant	m		4 2	,
7,001			1/			
CONTRIBUTING TO DEATH BUT	NOT-RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(o)	19. WAS A	AUTOPSY
Preumon	ia.				PERFO	NO T
SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II o	f item 18.)		1	
INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or to	nwa	(Count	v)	(Stote)
Not while for	ctory, street, office bldg., etc.	)		(000	"	(oroic)
7/1	1.0	1/12	6.0	1		
sed from	, 19 <u>60</u> , ta	-112		,that I last		
60, and that death	accurred at 6:23 f					
111.00-	125	ADDRESS (Street,		. 0 .	DA	TE SIGNED
1 Jean	M.D.	C 04.	TACI	JRUC	> /	13/6
NIPECLO	2 ANN	APOL	18,	lup_		
22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, o	or county)	(Stote	•)
Loudenil	Srk.	1301	toi,	Md		
ADDRESS Silon	13/1 m 240. REC'I	BY REGISTRAR	24b REGIS	TRAR'S SIGNAT	URE	
Home -	DATE FE	B 1 6 '60	an	Chun S. Kr	nud	
112						
	Mr. Million					

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

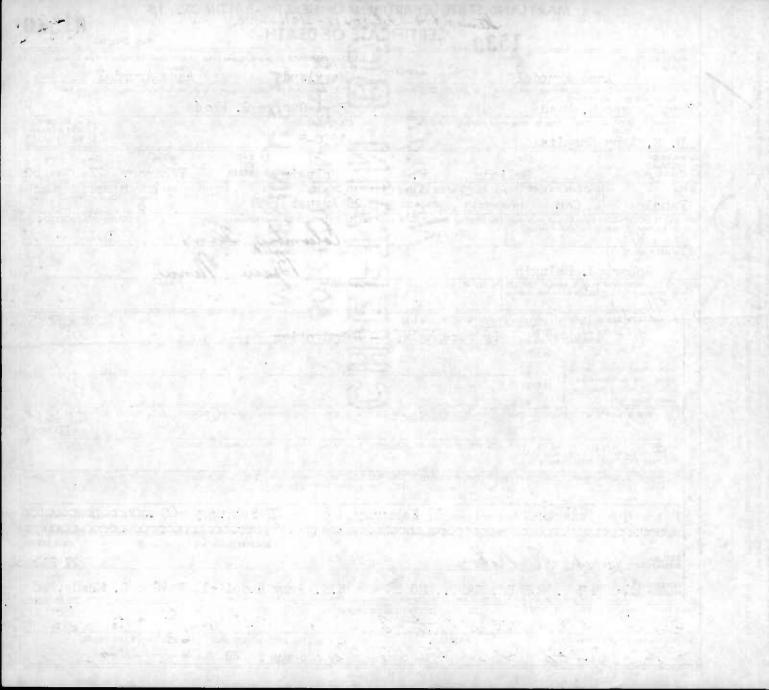
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that the death certificate be executed

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John,		1530 CERTIFIC	AENT OF HEALTH—BALTIMORE, 18  ATE OF DEATH  Reg. Dist. No.
-	1.	PLACE OF DEATH  D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE b. COUNTY
X		Anne Arundel MARYLAND	Maryland Anne Arundel
1		c. LENGTH OF STAY IN 16 RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		ort George G. Meade	Fort George G. Meade O X /
0		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIG
U	L	U. S. Army Hospital	1550−B YES □
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Ye
		Type or print) Belinda K.	Malugin DEATH February 27 19
	5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED .	8. DATE OF BIRTH  9. AGE (In years IF UNDER I YEAR IF UNDER I ONLY)  lost birthday)  Months Days Hours
1		Female Cau WIDOWED DIVORCED	28 August 1959   lost birthday)   Months   Doys   Hours
)	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO
		during most of working life, even if retired)  N/A  N/A	Calumbia Lenny, USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Robert J. Malugin	Benie Manne
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	{Ye	, no, or unknown) (If yes, give war or dates of service)	
	-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL ACT
			INTERVAL BET
		MMEDIATE CAUSE (o) HYGI OCEPHALUS	- Dehydration DOA
		344X DUE TO	
		Conditions, if any, which gove rise to immediate (b)	
		couse (o), stoting the <u>under-</u>	
	_	lying couse lost. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AI PERFOR
2	N.		YES 🔼
	RTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I ar Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (County) actory, street, office bldg., etc.)
	MED	Hour o. m. While Not while at work at work	seriff, sheet, office blogs, etc.)
		21 Leartify that I standard the deserved from 27 Febru	pary, 1960, to 27 February 1960, HAKK KAKSAWAKE Je
			The date stated
		alive con xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ADDRESS (Street, city or town, state)  DATE
		ACTUAL SIGNATURE LOSEPH R Robour	
		SIGNATURE JOSEPH JC STOWN	_M.D
		PHYSICIAN'S JOSEPH R. ROKOUS, CAPT., MC	U.S. Army Hospital, Ft Geo G. Meade,
		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town or county) (State)
	220	REMOVAL (Specify)	201 (0) #
	1	Sund 4 March 1960 Colination (	one of Mt. Flessant, Tennesses
	1	REMOVAL (Specify)	201 (0) #



VS A15C 1-55 10M

death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01511

	Reg. Dist.	No
1. PLACE OF DEATH (no founded lainly	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Chinopoles - MARYLAND	STATE COUNTY	
CITY (If outside corporate (hits, write RURAL LENGTH OF STAY OR end give neares) flown) (in this place)	CITY (II outside corporete limits, write RURAL end give neers	st town)
TOWN Chemopoles 7 day.	TOWN County porter Balt	timore 22,Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET Seablight III aims give location	[bleto]
3. NAME OF DECEASED (First) (Manifel Ousker) (Type or Print) Treple Maryousker	OF DEATH THEF 2	(Dey) (Year)
SEX (6. COLOR OR 7. SINGLE MARRIED, WIDOWED, DIVORCED SERVICES	OF BIRTH  9. AGE lest birthdey  IF UNDER 1  Months  Yrs.	YEAR IF UNDER 24 HRS.  Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12.	COUNTY A
13. FATHER'S MANY GULLEUNW	14. MOTHER'S MAIDEN NAME	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, o or unk.) (If Ye oive were deles of service)	17. INFORMANT & ADDRESS	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
1101 MMEDIATE CAUSE (A) BRONCHOZ	DNEUMONIA	2 hack
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CHRONIC PULL	MUNARY FIBROSIS	unknow
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO P
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.3. F.C.	B. 1960 to JK FEB. 1960 that I	ast saw the deceased
	at 10 A.M. from the causes and on the date stated	
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
M. D. 7	CREMATORY OCATION (City, town, or pounty)	(Siete)
REMOVAL (SPECIFY)	Car Reacoles Tee	St. Me
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 25 FUNERAL DIRECTOR'S SIGNATURE AI	DDRESS
DATE MAR 2 '60 Training & Training	tes W Desleandon 637100	26 130x
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MARYLAND STATE DEPARTMENT OF HEALTH-BARTIMOVE, IS

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01512

	Reg. Dist. No		
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased fived.	If institution: Residence belo

o. COUNTY An	ne Arundel		MARYLAND	o. STATE Maryla		b	COUNTY			
b. CITY OR TOWN (I RURAL and give no Brooklyn	ma .	, write c. LEN	gth of stay in 16		own (If outsid yn Park	-	its, write R	URAL ond gi	ve nearest 1	lown)
The state of the s	At IIf not in hounital air	ve street oddress)		d. STREET A		1			0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Firs Victori		Middle e Mayer	Los	4.	DATE OF DEATH Fet	Mon		Day	Year 19 60
. sex Female	6. COLOR OR RACE White	7. MARRIED [ 1	DIVORCED	April 2		9. AGE lost 67	(In years birthdoy) yrs.		YEAR IF U Days Hou	NDER 24 HRS.
00. USUAL OCCUPATION during most of worl Housewif	DN (Give kind of work d king life, even if retired) E		F BUSINESS OR INDU		ACE (Stote or fo	reign country)			J. S.	HAT COUNTRY
3. FATHER'S NAME	Unknown				MAIDEN NAME			/		
	R IN U. S. ARMED FORC			INFORMANT	Mayer	22 Ren	Add	ess Balt	0 25	5. Mđ
Conditions, if o gove rise to it couse (o), stoting lying couse lost.  Part II. OTH	mmediate Dus to	arte ele	iozella sease uting to death Bu	T NOT RELATED TO	CAM	Livas DISEASE CONI			1(a) 19. W	AS AUTOPSY
(IF EITHER, NOTIFY	SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture o	Finjury in Port	l or Port II of it	tem 18.)			NO E
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While No		LACE OF INJURY (I octory, street, office		Of. (City or tow	n)	(Co	ounty)	(Stote)
21. I certify the alive an	at I attended the  2/24  Workon M. 1	1960. Kney	m. 9/5 , and that deat	м.р. 501		RESS (Street, ci	causes on the cause of the caus	and an the stote)	e date st	the deceased tated above DATE SIGNED
REMOVAL (Specily) Burial	Feb. 27,	1960 E.	IAME OF CEMETERY O	OR CREMATORY	22d W	illiams	ort.	or county) Penns	ylvan	(Stote)
3. FUNERAL DIRECTOR	\ (/		nie Hgwy.	Balto 25.	240. REC'D BY	registrar		tun S. F		

TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

1. PLACE OF DEATH		3 4 1 3					Reg. Dist. No.	
o. COUNTY	Anne Arun	del M	ARYLAND 2. USUAL o. STA			ived. If institution b. COUNTY	Anne Aru	
b. CITY OR TOWN RURAL ond give of Annapo		write c. LENGTH OF S	TAY IN 16 c. CITY		utside corpora  - Anna	te limits, write RUI	RAL ond give nea	rest town)
OR INSTITUTION	ITAL (If not in hospital, givine) General H		11/	t-2, Bo	x-623			ON A FA
3. NAME OF DECEASED (Type or print)	First William		ddle MA	Last YNARD	4. DATE OF DEATH	Month		y Year
5. SEX Male		MARRIED NEVER MA	ARRIED   B. DATE OF				Months Doys	Hours
10a. USUAL OCCUPAT during mast of wa	ION (Give kind af work do orking life, even if retired)	ne 106 KIND OF BUSINE	ss or industry 11. Bi	RTHPLACE (State		ntry)	12. CITIZEN OF	WHATCOU
13. FATHER'S NAME	/ER IN U. S. ARMED FORCE   (If yes, give war or dates of serv		rd 9	HERS MAIDEN		John	NDI	m
	g the under-	e per line for (a), (b), and Cerebras Wem	a elem	seles	ark	(۵	ONS	oda
200. ACCIDENT W	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO				CONDITION GIVE	N IN PART 1(a) 1	9. WAS AU PERFORM YES
U (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m.	Y MEDICAL EXAMINER)  JRY Manth, Day, Year  19	20d. INJURY OCCURRED While Nat while of work at work		JURY (Home, form , office bldg., etc		or town)	(County)	
p. m.								

DATEFEB 1 6 '60

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VS A15 (4) 1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1532

### **CERTIFICATE OF DEATH**

01515

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	CA	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence	befare admission)
b. CITY OR TOWN (If out	C. CD.		Mig		HH.	CD
RURAL and give neares	t tawn)	c. LENGTH OF STAY IN 16			ts, write RURAL and give	nearest tawn)
d NAME OF HOSPITAL	Shendeng I nat in haspital, give sive	et oddress)	d. STREET ADDRESS	Landine	7.	IC DECIDENCE
OR INSTITUTION	man in maspiral, give swe	er douress;	d. SIKEET ADDRESS			e. IS RESIDENCE ON A FARM?
NAME OF	e					YES NO
DECEASED (Type or print)	fich	rd E.	Mullen	4. DATE OF DEATH	Manth 2	3, 1960
5. SEX 6.	COLOR OF RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	Total American	EAR IF UNDER 24 HRS.
m	C WIDO	WED DIVORCED	Jan 22		6 yrs. Months	ys Haurs Min.
Oa. USUAL OCCUPATION ( during mast af warking	Give kind of work dane 10	b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State	te or fareign country)	12. CITIZE	N OF WHAT COUNTR
			ma	ryland	U	SA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Kich	and the	Muller	mary	H we	llace	
S. WAS DECEASED EVER IN	U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
			mary H.	mulle	w Frace	so bounders
18. CAUSE OF DEATH	Enter anly one cause per	line far (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (a)	Status &	beletien	1 -		ONSET AND DEATH
237×	DUE TO	VALUE OF THE PROPERTY OF THE P	10000			
Canditions, if any,	which \	Be also 9	Elann to.	abund 6	Ma	
gove rise to imme	diate (			-		
lying couse last.	onder-					
	(c)	S CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART I	19 WAS AUTOPSY
PART II. OTHER S			The rest	THE BISENSE CONS.	THE PROPERTY OF THE PARTY OF	PERFORMED?
20a. ACCIDENT WAS UP	NDERLYING [7] 20b. D	ESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Port Lar Port II of ite	m IR I	YES NO
OR CONTRIBUTING ()	CAUSE OF DEATH		nest (enter hardra at injury in			
		INJURY OCCURRED 20e.	PLACE OF INJURY (Home, far	rm 206 (City or town	15-	
Haur a.m.	Whi	le Nat while	factory, street, affice bldg., e	tc.)	) (Cou	nty) (State)
p. m.	at w	ark at wark	L	1 22		
21. I certify that I	attended the dece	asca mani-	VAL, 10-62, 10-62	this eleves	19,that I las	t saw the decease
alive an 1	<del>- '+</del> , 19	60, and that deal	th occurred at X:	SM, fram the c	auses and an the	dote stated abov
-	· . 1 1 1		, ,	ADDRESS (Street, city	or town, slote)	DATE SIGNE
ACTUAL SIGNATURE	mis A. M.	alv-	M.D. Lot	luan,	med	2.4-6
PHYSICIAN'S NAME (Type)	ading	conda-	FILM #G5	72-mdf 10,	/19/82	
	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (Cit	y, tawn, ar county)	(State)
REMOVAL (Specify)	2-6-60	missen		0 0	(1)	(3rdre)
23. FUNERAL DIRECTOR'S SIG	SNATURE '	ADDRESS	24c PF6	C'D BY REGISTRAR	24b. REGISTRAR'S SIGNA	
0 = =	1410. Qn	1 1	Childh Dar F	EB 1 1 '60	arthur S. 1	1 -
1 ( , /()	1 1 7 1 1 1 1 1 1 1	A AA.C. C. VETT CC	WITH A LOATE	, _ , _ ,		

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

01517

	- Andrew	201				Keg. Dist.	No.	0 - 0
PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY		before odmi	1
b. CITY OR TOWN (If autside cor RURAL and give nearest town)  Annapolis	porote limits, write	c. LENGTH OF STAY IN 18		outside corporo		JRAL ond give	nearest tov	~n)
d. NAME OF HOSPITAL (If not in OR INSTITUTION  nne Arundel Gene			d. STREET ADDRESS				ON	A FARM?
NAME OF DECEASED (Type or print) Cha	First arlotte	Middle	OWINGS	4. DATE OF DEATH	Februa		Day	Yeor 19 60
Female   6. COLOR   White		ED NEVER MARRIED	B. DATE OF BIRTH  November 3,		lost birthdoy) 83 yrs.	Months Da	EAR IF UNI	
<ul> <li>USUAL OCCUPATION (Give kin during mast af working life, eve</li> </ul>	d of work done 10b. n if retired)	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State		intry)		S.	COUNTRY
FATHER'S NAME Wm. Wall	lace Owin	28	14. MOTHER'S MAIDEN		h Tydin	gs		
. WAS DECEASED EVER IN U. S. A			INFORMANT	- 15	Addr	ess	a.F.	
PART I. DEATH WAS CA IMMEDIATE  Conditions, if ony, which gove rise Io immediate cause (o), sloting the under-lying cause lost.	/	Evelval Evelval Berteusin	hamorry e Cardio	loge	- ular di		INTERVAL E	
PART II. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1(	PERF	ORMED?
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL E)	OF DEATH	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Port I	II af item 1B.)			
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. IN While of work	Not while	PLACE OF INJURY (Home, fare factary, street, office bldg., et		or town)	(Cou	nty)	(Stote)
21. I certify that latter alive an Feb.  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Wilbirg	2, 196		th accurred a4:00A	M, fram th		d an the d	late state	
	TE THEREOF	22c. NAME OF CEMETERY			ON (City, town, o	or county)	Ind	ate)
FUNERAL DIRECTOR'S SIGNATUR	Thanks	ADDRESS	24a. REC	EB 8 '6	0	TRAR'S SIGN		

VS A15 (4) 15M 9/58

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death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1535 CERTIFICATE OF DEATH

01519

					Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	DO TOT	MARYLAND	o. STATE	b. COUNTY	
. ANNE ARUN			Marylan		Arundel
<ul> <li>b. CITY OR TOWN (If outside RURAL and give nearest town</li> </ul>	corporote limits, wri vn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporote limits, write l	RURAL and give nearest tawn)
CROWNSVILLE			X Crowns	ville	
d. NAME OF HOSPITAL (IF no OR INSTITUTION	it in haspital, give str	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
River Road			River Road		YES NO
3. NAME OF DECEASED (Type or print)	First ENEVIEVE	Middle S I	PEDDICORD	4. DATE Mor OF DEATH FEBRU	
5. SEX   6. COL	OR OR RACE 7. M	ARRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White wind	OWED DIVORCED	July 12, 1882	lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give	kind of work done	06. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, House wife	even if retired)	own home		g, Maryland	USA
13. FATHER'S NAME		OWIT HOME	14. MOTHER'S MAIDEN N		ODA
John M. Stou	+				
15. WAS DECEASED EVER IN U. S		16, SOCIAL SECURITY NO. 17, 1	Sarah Ba	ker	fress
(Yes, no. or unknown) (If yes, give	wor or dates of service)				
	no		es Esther E. F	owler- Daught	er- Same as # 2
PART I. DEATH Ent PART I. DEATH WAS IMMEDI Conditions, if ony, whice gave rise to immedia cause (o), stating the <u>unde</u> lying couse lost.	CAUSED BY: IATE CAUSE (o) DUE TO	A 1 /	Arterio	+ Pissaise	ONSET AND DEATH
PART II. OTHER SIGN  PART III. OTHER SIGN  20a. ACCIDENT WAS UNDER  OR CONTRIBUTING  CAUS  OF CONTRIBUTING  CAUS	RLYING 20b. I	OS CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO 🛣
20c. TIME OF INJURY Month	h, Day, Year 200	1. INJURY OCCURRED 20e. PL tile Not while wark of wark	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I at alive on The Z  ACTUAL SIGNATURE THYSICIAN'S NAME (Type)  Edw	tended the dece	itt MD	M.D. Gamb		2, that I last saw the deceased and an the date stated above state)  DATE SIGNED  2 -2 3 - 6 0
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) Fe	b. 26,196	St. Anthony		22d. LOCATION (City. town, Emmitsburg,	
23 Fundral Director's Signa Hopping Funera	A DESCRIPTION OF THE PROPERTY	Annapolis Ma		BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE

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TENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours

TO HOSPITAL

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11.00 CERTIFICATE OF DEATH

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wan.	DIST.	140

	190	GERTINIC.	AIL OI DEAII	· R	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryle	here deceased lived. If institutions and b. COUNTY	Residence before odmission) Anne Arundel
b. CITY OR TOWN (If RURAL and give nec		c. LENGTH OF STAY IN 16		outside corporete limits, write RUR.  L — Edgewater	AL and give nearest town)
d. NAME OF HOSPITA OR INSTITUTION . Anne Arunde.	L (If not in hospitol, give street of L General Hospi	oddress) tal	d. STREET ADDRESS Steuart Le	evel	IS RESIDENCE     ON A FARM?     YES    NO    NO
3. NAME OF DECEASED (Type or print)	Russell 4	-VANS	PHIPPS	4. DATE Month OF DEATH Februar	- 17
5. SEX Male	6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH AU93 188		UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.
COUNTY ROOD	N (Give kind of work done 10b. ng life, even if retired)  EMPLOYEE M	KIND OF BUSINESS OR INDI	Marylan	nd Churchton	U.S
13. FATHER'S NAME ANDY		PS	MARY	EUANS	
	IN U. S. ARMED FORCES? 16.	18 240364	MRS. FLIZHE	Address BETHE. Howes, C	churchton And
	TH [Enter only one couse per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).]	careling of	faretion	INTERVAL BETWEEN ONSTAND DEATH
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	mediate Due TO				
CATIC		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES TO D
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. IN While of world	Not while f	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State)
21. I certify the alive on	reb. 24, 196		h occurred a 8:55		that I last saw the deceased an the date stated above the DATE SIGNE 2/25/60
	ichard N. Peele	r	Annapol	is, Maryland	
220. BURIAL, CREMATION PEMOVAL (Specify)	2/28/60	Wood freld C	or crematory is metery	22d. LOCATION (City, town, or of	county) (State)
23. FUNERAL DIRECTOR'S	SIGNATURE Val	will lead			RAR'S SIGNATURE

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL VS A1S (4) 15M 9/55

death: Page:4

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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## MARYLAND STATE DEPARTMENT OF HEALTH -BALTIMORE, 18

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no. 17	S: St. Lenseste	and the board	A VI	
A Service Co			mo Carlo III beans	
		S. L. Barrier		

TO DEPUTY JCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is associate the cellulates, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Page forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reformed Pervant files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the legistrar priar to burial or removal.	
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01521

1. PLACE OF DEATH o. COUNTY  Anne Arundel	536	2. USUAL RESIDENCE (Where deceased lived. If Institution: Reside	ence before admission)
b. CITY OR TOWN [If outside corporate limits, write RUR and give necrest town)  ARROLD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no Box 103 Route 1	t in hospital, give street address)	d. STREET ADDRESS / Same	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF First DECEASED (Type or print) Cora Columbia	Middle Purinton	Lost 4. DATE Month OF DEATH February 31	od. Year 60
	MARRIED NEVER MARRIED 8.	A . A	1YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIIE	106. KIND OF BUSINESS OR INDUST		IZEN OF WHAT COUNTRY
13. FATHER'S NAME David Cunningham		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown)  No		FORMANT Address S. Margaret Purinton (daughter i	in law).
(o), stating the underlying cause last. (c)	Acute virus inf General arterioscl		interval Between ONSET AND DEATH  24 hrs.  7  1 (a) 19. WAS AUTOPSY
CAUSE OF DEATH.		nter nature of injury in Part I ar Part II of item 18.)	PERFORMED? YES NO T
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	While Not while of work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cau	unty) (State)
21. I certify that I took charge of death resulted from: Natural cou		cide, Homicide, Undetermined cause	y X, and find that
EXAMINER'S NAME (Type) Gustave H. Fa	ubert.M.D.	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2/4/60	
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL FEB. 6.196	Glen Haven Cen		(State)
23. EMPERAL DIRECTOR'S SIGNATURE HOPPING TUDE LI HOME	Annapolis, Mary	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	

MEDICAL EXAMINER'S CONTINCATE OF DEATH 4 9 1 1 5 The second of th 

246. REGISTRAR'S SIGNATURE

Cathur & Krous

24a. REC'D BY REGISTRAR

2 3 '60

FUNERAL DIRECTOR'S SIGNATURE

	CERTIFICATE OF DEATH
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or and the control of the first the	Maria Cara Indian or a stage to take a company of the Cara Cara Cara Cara Cara Cara Cara Car

VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
4 2	0 .					

1484 CERTIFICATE OF DEATH

M

1.	PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CLIFT OR TOWN (If autside corporate limits, write RURAL and g	ive nearest tawn)
	d. NAME OF HOSPITAL If not in hospital, give street address) OR INSULUTION The Cherry Thore are	4 & Cherry Grove ane	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Signature of the state o	Carolings 4. DATE Month OF DEATH 2	20 1960
5.	Female 94bite WIDOWED DIVORCED		YEAR IF UNDER 24 HIS. Days Haurs Min.
1	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND Busing most of working life, even if retired)  Home	11. BIRTHPLACE (State or foreign country) 12. CITI	S. A.
L	Shomas Sears	Id. MOSHER'S MAIDEN NAME  Cla //M9	
	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Frank J. Pawlings (	2)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Swort & Carcinomo.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)	tori	472.
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		RED. (Enter nature of injury in Part t or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. I While at wark of work	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Citary, street, affice bldg., etc.)	ounty) (State)
	21. I certify that I attended the deceased from Officeral alive an 2-18- C19 and that deal	th accurred at 710 M, fram the causes and an th	
	ACTUAL Frank Melio play	ADDRESS (Street, city or town, state)  M.D. 12/ Called Left	DATE SIGNED
L	PHYSICIAN'S Frank M Shipley	annafola,	rul.
	Jamas 2-23-1960 Ceclas Po	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
27	JUNEAU DIRECTOR'S STEWARTURE Les Seros CADRESS	Cis Mol 240. REC'D BY REGISTRAR'S SIG	NATURE
6			

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	Donald Transfer of the Control of th
	TO BEAUTY A STREET OF THE PARTY
	CVMMPN DE COMMON
	The latest the second section of the second

1537 CERTIFICATE OF DEATH

()1525 Reg. Dist. No.

	700	4		Keç	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE D. C.	eceased lived. If institution: Re b. COUNTY	esidence before admission)
b. CITY OR TOWN (If an RURAL and give neore Mizzers	utside carporate limits, write est tawn) ville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Washington	corporate limits, write RURAL	and give nearest tawn) 4-7 X-3
d. NAME OF HOSPITAL	(If noting hospital, give street	J. Hore	d. STREET ADDRESS	eet S. E.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Jesse First	e Briddle	Jaggera 8	PATE Manth DF DEATH Feb	Day Year 17 19 6 C
+	white widow	ED DIVORCED	B. DATE OF BIRTH 10/9/1874	last birthday) Mor	
Oa. USUAL OCCUPATION during mast of warking Housewif	life, even if retired)	KIND OF BUSINESS OR INDUS	Virginia	eign country)	2. CITIZEN OF WHAT COUNTR USA
Abraham B			14. MOTHER'S MAIDEN NAME	ouch	
S. WAS DECEASED EVER IN Yes, no, or unknown) (If y	N U. S. ARMED FORCES? 16.		ohn E. Rayfor	d -1508 E.S	Washington t. S.E.
PART I. DEATH	nediate (D)	Me for (a), (b), and (c).]  Me for (a), (b), and (c).]	Shering acut	2)	INTERVAL BETWEEN ONSET AND DEATH OF HOTE I DESCRIPTION
cause (a), stating the lying cause last.	under- DUE TO (c)	EN LOVA	NOT RELATED TO THE TERMINAL D	Passer CONDITION CIVEN IN	LI PART I/ALI TO WAS ALITOPS
	Jeanle	ez:			PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY ME	DICAUSE OF DEATH DICAU EXAMINER	CRISTS HOW INJURY OCCURRE	D. LEnfer nature of injury in Port I	ar Part II af item 18.)	2-2
20c. TIME OF INJURY Hour o. m. p. m.	White	NJURY OCCURRED 20e. PL Nat while k at wark	ACE OF INJURY (Hame, form, 20 trory, street, affice bldg., etc.)	f. (City or town)	(Caunty) (Stat
alive an	attended the decease 19 19 19 19 19 19 19 19 19 19 19 19 19			From the causes and ar ESS Street, city of town, state)	
Burial, CREMATION, REMOVAL (Specify) Burial	2/20/60	22c NAME OF CEMETERY O		LOCATION (City, town, or courince George	m / - 363
The S. H.		Washington,	D. C. 240. REC'D BY		S SIGNATURE

TO HOSPITAL CAN ATTENDING PHYSICIAN: The law required may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciag and completely filled in by the funeral director, and the following page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs affected the control of the c

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1538	CERTIFICATE	OF	DEA	TH

1. PLACE OF DEATH  OCCUMITY  ARUNDEL  CO, MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissi o. STATE ARUNDEL  b. COUNTY  ARUNDE	L Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  SEVERN	
	DENCE FARM? NO
DECEASED FIRE VELIANT ROBERTON OF FOR	960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED AUG 25, 1892 Manths Doys Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  EASTERN SHORE 11. USA	OUNTRY?
13. FATHER'S NAME  NANSHIP HOLMES HARRIET	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address SEVERN MINFORMANT REPORT OF THE PROPERTY OF THE PROPERT	A A
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Uniterval BE: ONSET AND	
Canditians, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost.  DUE TO  Canditians, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOIT YES	NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of the other of work of the other of the o	(Stote)
PHYSICIAN'S FD MOIND I MOUSHABEK, Glen Burne Marifant	,28,6
22a. BURIAL, CREMATION, REMOVAL (Specify) 3-2-60 MOUNT CALVARY CEM ARUNDEL CO. MICH.	- 1
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS BALTO 30 MY 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  15A:AH L. BROWN + SON 108 W. MUNTGOMERY 5T DATE MAR 7 60 CINTING 8 45	
333377	D. CITY OF TOWN If outside corporate limits, write RUBAL and give nearest town RUBAL and give no foreign country.  In AMMEDIA COLOR OR RACE   NAKRIED   NAKRIE

The state of the state of ANY SET TO A CONTROL OF THE PARTY OF THE PAR

	ESTINICATE OF DEATH	0 18881
	The County of th	
5 7 4	The state of the s	
		Plain Nate Control county
		t) A his limit to the first
	56 To 1- T- T- T- 100 M	
	analogue whent	Hyori fell
-branch and -	- cook imports and according to the	
	The other and report that other th	

PERFORMED? YES NOT

e. IS RESIDENCE ON A FARM?

16

YES NO IX

Yeor

60 19

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

Hour o. m.

O. m.

of work of work 21. I certify that I attended the deceased from 16 Feb 19.60, ta 19. that I last saw the deceased

While

and that death occurred at 1755 In from the causes and an the date stated above.

(Stote)

ACTUAL SIGNATURE

U. S. ARMY HOSPITAL

16 Feb 60

DATE SIGNED

PHYSICIAN'S NAME (Type)

RICHARD GILBERT, M.D.

Feb 1960

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

Geo G Meade, Maryland

(Stote)

REMOVAL (Specify) remation 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION.

ADDRESS BETTY M. ELLIS, 240. RECD BY REGISTRAR MSC. USAH F+GGM Capt. MSC. USAH FtGGM

Laboratory. US Army Hospital, Fort George G. Meade. 24b. REGISTRAR'S SIGNATURE

1SM 9/SB

FUNERAL DIRECTOR:

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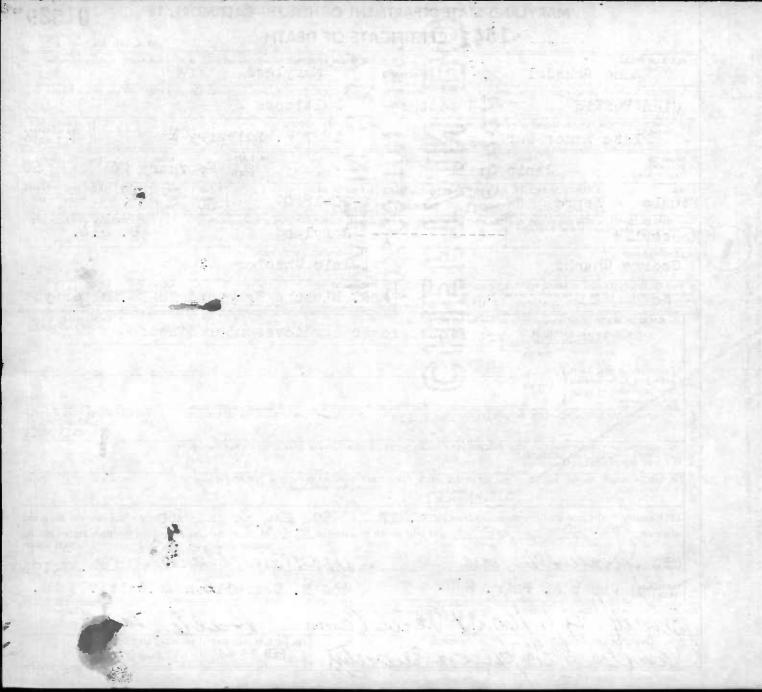
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 15/4 CERTIFICATE OF DEATH

01529

10	41 CERTIFICATE	OI DEAIII	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND 2. US	WAL RESIDENCE (Where decended and STATE Maryland	ased lived. If institution: Reside b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 c. 3 months	CITY OR TOWN (If outside co Baltimore 2	rporate limits, write RURAL and	give nearest town) 3 VO 1, 4
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION PLAZA Manor Nursi		STREET ADDRESS 1827 V. Mul	berry St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Solution    First Janie S	Middle mall	Last 4. DAT OF DEA	February 2	26 Day Year 60
5. SEX   6. COLOR OR RACE   7. MARR   WIDOW!	Y - 0 - 0	OF BIRTH 20-1880	9. AGE (In years last birthday) Manths	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) HOUSEWITE	KIND OF BUSINESS OR INDUSTRY	. BIRTHPLACE (State or foreign Maryland	n country) 12.CI	TIZEN OF WHAT COUNTRY?
George Shanks		MOTHER'S MAIDEN NAME anie Wheeler		
(Yet no are unknown) . If you also you as date of control to the	social security no. Mrs.	Blanche Bra	anford 1827W	MilberrySt
TATE OF THE RESIDENT WAS UNDERLYING TO LOSS. (a) LOSS. (b) LOSS. (c) LOSS. (c) LOSS. (c) LOSS. (d) LOSS. (d) LOSS. (e) LOSS. (	teriosclerctic	ELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Nat while factory, str	INJURY (Hame, farm, 20f. (reet, affice bldg., etc.)	City or tawn)	(County) (State)
21. I certify that I attended the decease alive an Feb 20 19  ACTUAL SIGNATURE AND M. Pair.  PHYSICIAN'S James M. Pair.  220. PORIAL, CREMATURY 22b. DATE THEREOF	and that death accounts	ADDRESS 400 N. Carro	m the causes and an the (Street, city or lown, state)	Feb. 27, 196
MEMOYAL (APPROVI)		MIOK!	August (all )	(State)



	01530
99.7 A 9.8	

			1/25	CERTIFICA	ATE OF DEATH	Н		Reg. Dist. N	le. UII) DI
	1. PLACE OF DEATH o. COUNTY	Anne Arund	lel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl		ed. If institutio b. COUNTY	n: Residence be	
	b. CITY OR TOWN RURAL and give to		its, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RL	JRAL and give r	nearest town)
3	OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET ADDRESS	rry Cou	rt		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Charle	st	Middle	Last . SMITH	4. DATE OF DEATH	Mont Februar		Day Yeor 19 <b>60</b>
	5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 9-16-190-	9.			AR IF UNDER 24 HRS
1	Oa. USUAL OCCUPATION during most of wo	ION (Give kind of work rking life, even if retired	done 10b. KIND O	F BUSINESS OR INDU	Marylan  14. MOTHER'S MAIDEN 1	d	try)		U.S.
	Thank	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SECURITY NO.	INFORMANT A	Mar.	gare Addre The 9	to L	Bias ane
		the <u>under-</u> DUE TO	, Da Dia	b), (b), good (c).] Letter eny Lettes 11 10- relle	alletus Eglscess:	Elven	7. Leu		NTERVAL BETWEEN NSET AND DEATH
0	PART II. OT		5		NOT RELATED TO THE TERM			EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU Hour o.m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye	ar 20d. INJURY C	OCCURRED 20e. PI	ACE OF INJURY (Home, forn	n, 20f. (City or		{Count	ty) (Stote)
1	actual signature	hat I attended the Reb. 15.	Jayle		, 19.59, to n accurred at 5:04P M.D. 44 Sout Annapol	M, from the ADDRESS (Street hgate A	e causes and t, city or town,	d an the da	
		ON, 22b. DATE THEREC		HAME OF CEMETERY C			N (City, town, o	r equnty)	)) (State)
	23. FUNERAL DIRECTOR	R'S SIGNATURE	. 6//	DDRESS	24g. REC	D BY REGISTRAL	1	TRAR'S SIGNAT	TURE

moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, or remayol, and in any event within 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL VS A1S (4) 15M 9/5B , , A DESCRIPTION OF THE PARTY OF T a training for a state of the second the exercise of the contract o e of the automost this second on the second The first that the second seco

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01531

CERTIFICATE OF DEATH

		1.00		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Anne Arund	lel MARYLAND	g. STATE	d. If institution: Residence before admission) b. COUNTY Anne Arundel
b. CITY OR TOWN (I RURAL and give no Annapol:		write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If autside corporate  Annapôlis	limits, write RURAL and give nearest town)
OR INSTITUTION	AL (If not in haspital, give		d. STREET ADDRESS 88 Clay St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Walter	Middle	Last 4. DATE OF DEATH	Month Day Year February 20 1960
5. SEX Male	NT	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. A	GE (In years of UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
during most of wor	ON (Give kind af wark danking life, even if retired)	e 10b. KIND OF BUSINESS OR INI	OUSTRY 11. 8IRTHPLACE (State or foreign country Maryland	y) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Yoses &	mitte	Ophelia L	) abish
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES		Rensmitte 8	8 Clay & aug M
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which mmediate  (b)	per line for (o), (b), and (c).]	Hoart Fall	INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating lying cause last.	(6)	TONS CONTRIBUTING TO DEATH B	Conferences & an a	MATAGORA GAZAGO  INDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC				PERFORMED? YES NO
20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20t	>. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I ar Part II a	it item 18.)
20c. TIME OF INJUR Haur a. m. p. m.			PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	awn) (County) (State)
21. I certify the alive an	Feb. 19,  Lockran  R. L. Richar	19 60 , and that dec	th occurred at 7:25A M, fram the	causes and an the date stated abave. city ar tawn, state)  A control of the contr
22a. BURIAL, CREMATIC REMOVAL (Specify)	1 22b, DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 220: LOCATION	(City, tawn, ar county) . (State)
22. FUNERAL DIRECTOR	s signature sem Rees	ADDRESS LETT (LUI)	24g. REC'D BY REGISTRAR DATE FEB 2 5 160	246. REGISTRAR'S SIGNATURE  anhung S. Krand

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TO HOSPITAL

VS A15 (4) 15M 9/58

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y filled in by t	ages I ond 2 s	(	0

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1542 CERTIFICATE OF DEATH

Rea. Dist. No.

01532

								neg. Dist. 1	~ 1
a. COUNTY	Anne Arund	le]	MARYLAI	11 0	VAL RESIDENCE (WISTATE  Maryland		b. COUNTY	on: Residence be	77 12
b. CITY OR TOWN RURAL ond give r	(If outside carporate lim		c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (IF				
Fort Georg			1 week	60	Glen Bur	nie			
d. NAME OF HOSPI	TAL (If not in hospital, a	give street		, d.	STREET ADDRESS				e. IS RESIDENCE ON A FARM?
U. S. A	rmy Hospits	ıl			2501 Dor	sey Ro	ad	111	YES NO
3. NAME OF DECEASED	Fi	rst	Middle	377	Last	4. DATE	Mon	th	Day Year
(Type or print)	CA	RL	н.		STEWART	DEATH	Fe	bruary	2 19 60
5. SEX	6. COLOR OR RACE	7. MAR	RIED X NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male	Cau	WIDOW	ED DIVORCED	] 9	Feb 1891		last birthdoy) 68 yrs.	Months Doy	s Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I			or foreign co		12. CITIZEN	OF WHAT COUNTRY?
Retir	rking life, even if retired	1)		083	South Ca	nolina		US	٨
13. FATHER'S NAME	Ed			14. A	AOTHER'S MAIDEN			_ US	n
47.6	3 M 04			(A) (1)	W 703 4	-1 11	D		
	d M. Stewar		SOCIAL SECURITY NO.	INFORM	Mary Eli	zabeth	KOSS	ray 40 T	- 1 A
(Yes, no, or unknown)	(If yes, give war or dates of s	service)					T \		esham Ave
Yes	WW I		18-22-0525	Son (	Carl H. S	tewart	, Jr)		ore, Md.
	ATH [Enter only one co		ne for (o), (b), and (c).]						NTERVAL BETWEEN NSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	A	cute Myocard	ial In	farction				2 weeks
420.1	DUE TO								
Canditions, if	ony, which ) (b	. A	rteriosclero	tic				1947	5 years
gave rise to	immediate (		00110001010	0.1.0					Julia
lying couse last.	rne <u>under-</u>								
Z PART II. OT			CONTRIBUTING TO DEATH	BUT NOT RE	ELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY
PART II. OT									PERFORMED? YES NO
20a. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCI	URRED. (Ente	r noture of injury in	Part 1 or Port	II of item 18.)		
20c. TIME OF INJU Haur a.m.	RY Month, Doy, Ye	or 20d. I	NJURY OCCURRED 20		INJURY (Home, farm		or town)	(Coun	ty) (State)
Haur a.m.	19	While	Not while	foctory, st	reet, office bldg., etc	E.)			
					(0 0	70 1	10		
			sed from 1 Feb	_					
alive an_2_	February	, 19_	00, and that de	eath accu					
	W. (	7/	/ (/)			ADDRESS (Str	reet, city ar town,	stote)	DATE SIGNED
ACTUAL SIGNATURE	ron T	10	issex_	M.D					2 Feb 60
PHYSICIAN'S									
NAME (Type)	LEON E. KAS	SEL,	MD		US Army H	ospita	1, Fort	Geo G. 1	Meade, Md
22a. BURIAL, CREMATIC	1		22c. NAME OF CEMETER	RY OR CREM	ATORY	22d. LOCAT	ION (City, town,	ar county)	(Stote)
REMOVAL (Specify	5 feb. 1.	960	Balto- Mai	l. (en	n.	1 Jal	lo -,	Md.	
23. FUNERAL DIRECTO	· · // // · · · · ·	01	ADDRESS	211	240. REC	D 8Y REGISTI	RAR 24b. REGI	STRAR'S SIGNA	TURE
11. Y. Ad	ngtelon.	De	en lanne,	Md.	DATE #	EB 4	60 0	Willia & of	4
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## 1562 CUMBOCATO O SEATH

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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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1487 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Arundel	MARYLAND	o. STATE	NCE (Where deceased	b. COUNTY			ision)
	utside corporate limits, wr	ite c. LENGTH OF STAY IN 16		ryland WN (If outside corpo		e Aruno		(n)
RURAL ond give near	est town)	C. LENOTH OF SIXT IIV ID	10	nnapolis	iore minis, write k	orat one giv	re negresi row	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give st	reet oddress)	d. STREET ADD	RESS			e. IS RE	SIDENCE A FARM?
	del General	Hospital	10	Bancroft	Avenue			NO P
3. NAME OF DECEASED (Type or print)	First Minne	Middle Gertrude	Lost Taylo	4. DATE OF DEATH	Februa		Day	Year 19 60
		MARRIED NEVER MARRIED**	- W	-			YEAR IF UND	
Female		OWED CONTROL DIVORCED	April 1	4, 89	9. AGE (In years lost birthdoy) 70 yrs.	Months D	loys Hours	Min.
100. USUAL OCCUPATION  during most of working  Registered	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDU Retired		E (Stote or foreign or rginia	ountry)		U.S.	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M.					
He	nry Singlet	on Taylor	Dorca	s Adelia	Taylor			
	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANT		Add	ress		
(III)	no	н.	Taylor M	ontgomery	Bay R	idge M	ld.	
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (6)  DUE TO	er line for (o), (b), and (c).	ut fail	cur			INTERVAL BONSET AND	D DEATH
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	rediote (	purpol ster	one				20 19	
CATIC		INS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO TH	HE TERMINAL DISEASI	E CONDITION GIV	/EN IN PART 1	PERF	AUTOPSY ORMED?
200. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	JNDERLYING 20b. CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of in	njury in Port I or Port	t II of item 1B.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	W	hile Not while fo	ACE OF INJURY (Hoctory, street, office bl	ldg., etc.)			ounty)	(Stote)
21. I certify that alive an	u h Hz	260 , and that death		:35AM, from ADDRESS (SI Cathedra	the causes and reet, city or town,	ad an the state)	date state	
220. BURIAL, CREMATION, Burial (Specify)	22b. DATE THEREOF 2/21/60	22c. NAME OF CEMETERY OF Short Hill (	R CREMATORY	22d. LOCAT	TION (City, town,		(Sto	ite)
23. FUNERAL DIRECTOR'S S		ADDRESS tsville, Maryla	24	ATEFEB 2 3 '60	RAR 24b. REGI	STRAR'S SIGN	NATURE	

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and district the				De Valle Valle	Partin
		S. O. Dennish		and The	WID TO

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VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1488 CERTIFICATE OF DEATH

Reg. Dist. No.

01534

1. PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W g. STATE	b. COUNT	Anne Arundel
RURAL and give ne	118		c. CITY OR TOWN (IF		RURAL and give nearest tawn)
OR INSTITUTION	AL (If not in hospital, give street General Hos		d. STREET ADDRESS	George St.,	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF	First	Middle	Lost	1	
(Type or print)	Sadie	F.	TAYLOR	OF DEATH Febr	onth Day Year  19 60
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH October 6, 1	9. AGE (In year lost birthday) 73 yr	Months Days Hours Min.
House	DN (Give kind of wark dane 10 king life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	B. Fou	CHE	AWNIE	P. MEDF	ORD
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	Carry	OHN P. TA	YLOR ANN	Millianis Std.
		line for (a), (b), and (c).]  ul mon any emmal	preumon	ia	INTERVAL BETWEEN ONSET AND DEATH
Cause (a), stating lying cause last.  PART II. OTH	the under-	SCONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	a both by	SIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY	S UNDERLYING 1 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 or Part 11 of item 18.)	
Y 20c. TIME OF INJURY Hour a. m. p. m.	Whi		ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State
		60 , and that death	occurred al:18A.		
TORINE (1) PO	esse L. Wilkin	8	Ann	napolis, Md.	
220. BURIAL, CREMATION REMOVAL (Specify)	2-10-1960	22c. NAME OF CEMETERY CO	R CREMATORY	22d LOCATION (City, town	, ar county) State) Nol
23 FUNERAL DIRECTOR	s signature	and Company	MA. 24a. REC	ER 4 0	GISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/5B

the registror prior to burial, crematian, or removal, and in any event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1543 **CERTIFICATE OF DEATH**  01535

I. PLACE OF DEATH a. COUNTY Anne	Arundel		MA	RYLAND	o. STATE	ence (Wi		d lived. If institu b. COUNT	Υ .	ence before		-
b. CITY OR TOWN (If a RURAL ond give near Bristol	outside corporate limi	its, write	c. LENGTH OF STA			own (If a		rote limits, write	RURAL ond	give near	est town)	
d. NAME OF HOSPITAL	L (If not in hospitol, g	give street	See the To City		d. STREET A		01			e	IS RESI ON A YES	DENCE FARM? NO
3. NAME OF DECEASED	Fir		Midd		los		4. DATE OF	M	onth	Day	Y	ear
(Type or print)	Geo		Washing		Taymi		DEATH		ebru			
5. SEX	6. COLOR OR RACE	7. MARR			July 4		82	9. AGE (In year lost birthdoy) 77 yr	Months	R 1 YEAR 1 Days	Hours	Min.
100. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS							TIZEN OF	WHAT CO	DUNTRY
TODACCO  13. FATHER'S NAME			wn Farm		Mary		JAMF		1	J. S	. A.	D
	Hammur Ma						nkins					
William  15. WAS DECEASED EVER				IO INI	FORMANT	9 9 9	HKLIIS		Idress			
	yes, give wor or dates of s		SOCIAL SECONITI	4		May	Tayn	an- Br		L, Me	d.	
Conditions, if ony gove rise to im couse (o), stoting the lying couse lost.	mediote e <u>under-</u> DUE TO		Arten	oscl	artses	ge	end	gol s	2 ren	1.	530	0
PART II. OTHE	r significant con	IDITIONS C	CONTRIBUTING TO E	DEATH BUT N	IOT RELATED TO	THETERM	INAL DISEAS	E CONDITION G	IVEN IN PA		PERFOR	SWED5
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter noture o	f injury in	Port I or Por	t 11 of item 18.)	m F			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. It While of wor	NJURY OCCURRED Not while	20e. PLAC	DE OF INJURY ( pry, street, office	Home, form bldg., etc	n, 20f. (City	or town)		(County)		(Stote
21. I certify that alive an	Robert B.	194	Jan.	at death	occurred at	9:30	M, fram		n, stote)		stated DATE	
220. BURIAL, CREMATION			22c. NAME OF CE		CREMATORY		22d. LOCA	TION (City, town	, or county		(Stote	)
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	2/8/60	)	Mt. Car				Uppe D BY REGIST	r Marl	boro		Md.	
Ritchie B		ral		Upper			FEB 1 1		arthur			

1543 CHRYINGATE OF DEATH Lather the outer and the second con-Action of the Draw Lyre's and anyone of the State of the . . . and the contact of the control of th The love by - ser. I are able and Set Comment of the second of t 2 16 - 30 Land Robert B. Sagger, M. P. Buriet and Company Company Company of the Company o . he organized the self for the self to th

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EXAMINER: T	ed to the Chief	DR: Page 3 shau	ent, priar ta bur
EXAMINER: T	ded to the Chief	OR: Page 3 shau	gent, priar ta bur
AL EXAMINER: T	orded to the Chief	TOR: Page 3 shau	agent, priar ta bur
AL EXAMINER: T	rarded to the Chief	CTOR: Page 3 shau	d agent, priar ta bur
AL EXAMINER: T	rwarded to the Chief	RECTOR: Page 3 shau	ed agent, priar ta bur
AL EXAMINER: T	arwarded to the Chief	IRECTOR: Page 3 shau	ited agent, priar ta bur
AL EXAMINER: T	farwarded to the Chief	DIRECTOR: Page 3 shau	safed agent, priar to bur
M. AL EXAMINER: T	e forwarded to the Chief	. DIRECTOR: Page 3 shau	gnated agent, priar to bur
AL EXAMINER: T	be forwarded to the Chief	AL DIRECTOR: Page 3 shau	ignated agent, priar to bur
Y M. AL EXAMINER: T	t be forwarded to the Chief	RAL DIRECTOR: Page 3 shau	esignated agent, priar to bur
JTY M. AL EXAMINER: T	ld be forwarded to the Chief	ERAL DIRECTOR: Page 3 shau	designated agent, priar ta bur
THE THE CERTIFICATE, writing the	uld be forwarded to the Chief	NERAL DIRECTOR: Page 3 shau	designated agent, priar ta bur
EPUTY M. AL EXAMINER: T	nould be forwarded to the Chief	INERAL DIRECTOR: Page 3 shau	ts designated agent, priar ta bur
SEPUTY M. AL EXAMINER: T	should be farwarded to the Chief	FUNERAL DIRECTOR: Page 3 shau	its designated agent, priar to bur
DEPUTY M. AL EXAMINER: T	should be forwarded to the Chief	FUNERAL DIRECTOR: Page 3 shau	ar its designated agent, prior to bur
O DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is me secute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral	4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your	O FUNERAL DIRECTOR: Page 3 shau	ar its designated agent, priar to bur
TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is me say, execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral idea.	4 should be farwarded to the Chief	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages od 2 with the State Board of t	ar its designated agent, priar to burial, crematian, ar remaval, and in any event within A hours after death.

VS. A1SME 5M 2/57

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		MARYLAND STATE DEPARTME		0 -
		MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 015	38
			Reg. Dist. No.	
1	1. 7	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss	ion)
	0	county me trunde MARYLAND	o. STATE b. COUNTY June Arem	PL
	b	CITY OR TOWN (If outside corporate limits, write RURAL ond give negres flown)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town	n)
1	R	422/ - Wilsontown 67	Runal - Wilsontown	
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESI	IDENCE
			ONA	FARM?
`	3. 1	IAME OF First Middle	Lost 4. DATE Month Day Yeo	
		THE CEASED [YPO or print]	1/// OF	60
	5. S	EX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B	II Jairoce	-
	F	emale News WIDOWED DIVORCED []	lost birthdon)	Min.
	10a.	USUAL OCCUPATION (Give Wind of work done 10b. KIND OF BUSINESS OR INDUST		OUNTRY?
	d	yring most of working life, eyer if retired)	m (15	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
i	1	1/2thanial Sharten	Sant Smith	
	¥5.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, H	NFORMANT // Address )	
	[Yes,	no, or unknown) (If yes, give wor at dates of service)	1/12 11/2/laca Wilsonton	my
		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]	INTERVAL BETWEEN	/ ~
		PART I. DEATH WAS CAUSED BY:	Onset and Death	_
		IMMEDIATE CAUSE (6)	accius 114	
		Conditions, if ony, which) (1) De Taus	10	
		gove rise to immediate couse	194	2
		(o), stoting the underlying DUE 10		
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU	ITOPSY
3	CATION	50.	PERFORA	NO MED?
	<u>-</u>	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part II of item 18.)	
1	CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 120f. (City or lawn) (County)	(State)
	MEDICAL	Hour e. m. While Not while facts of work at work	ory, street, office bldg., etc.)	
	~	21. I certify that I taak charge of the remains described abo	ve held an Autonsy   Inspection   Inspection	in my
		opinian death resulted fram: Natural causes . Accident		н шу
		Accident		
		ACTUAL A Down ( ( ) ing )	DATE OF	NED
		SIGNATURE DY 17 SUNY C. COSE	ASSISTANT MEDICAL EXAMINER 7 2/2//6	0
		EXAMINER'S HENNIA. 11/1SE. To	- DEPUTY MEDICAL EXAMINER	
7	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		1
1		3411 all 3-2-1960 Faulks	My Sportmen Ma	1
-	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
1	1	William Reesett (1 MMO. DI	C DATE MAR 8 '60 Orthur S. Krous	
	Jan K	11/1000		

the same of August and State of the State of

VS A1S (4) 1SM 9/S8

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G258,3/16/601b CERTIFICATE OF DEATH

1. PLACE OF DEATH D. COUNTY	ne Arundel	154	45 MARY		USUAL RESIDENCE		b. COUN	ΙΥ	nce before	admissi	ion)
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			RURAL ond	give near	est town	)
RURAL ond give no									82	V	2
d NAME OF HOSPIT	ge G. Mead AL (If not in hospitol, g	e ive street or	11½ hour	S	d. STREET ADDRES	one Gap			00	. IS RESI	DENICE
OR INSTITUTION		ive siteer or	301030)							ON A	FARM?
	y Hospital				Route #	¥2				YES [	NO 🔯
3. NAME OF DECEASED	Fir	st	Middle		lost	4. DATE	M	onth	Day	Y	'ear
(Type or print)	M	YRTLE	S.		WAMPL		TH F	ebruar	v 26	5 1	960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D B. C	ATE OF BIRTH	/	9. AGE (In year	IF UNDER	1 YEAR I		
Female	Can	WIDOWED	DIVORCE		3 June 18	389 V	70/7 yr		Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (S	state or foreign	country)	12. CIT	IZEN OF	WHATC	OUNTRY?
auring most of work	king life, even if retired		-		Virgi	inia			USA		
13. FATHER'S NAME				1	4. MOTHER'S MAID				OUR		
Chedwal	1 Slemp				Unkno						
15. WAS DECEASED EVE	-	CES? 16 SC	OCIAL SECURITY NO.	INFO	RMANT	DMII	Ar	ddress 5	Duval	St	
	(If yes, give war or dates of s					4	,				
					ginia Boa	atright	(Dau)	Udi	entor	_	
	TH [Enter only one co	use per line	for (o), (b), and (c).]							T AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Cerebral	Hemon	rhage					Hrs	
33/	X DUE TO										
Conditions, if o	ny, which )										
gove rise to i	mmediate (										
lying couse lost.	ine under-										
_	J (c IER SIGNIFICANT CON	-	NITRIBILITING TO DEA	THE BLIT NO	T DELATED TO THE	EBANNIAI DICC	ACE CONDITION C	INTER INTERES	T 16-3 10	MALAC A	HITORCY
PARI II. OIF	IER SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO DEA	BUI NO	I KELATED TO THE I	EKMINAL DISC	ASE CONDITION C	IVEN IN PAR		PERFO	RMED?
O I										YES 🗌	NO 🔯
U (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED. (I	inter noture of injur	y in Port I or P	ort II of item 18.)				
	Y Month, Doy, Yes	or 20d. INJ	URY OCCURRED		OF INJURY (Home,		ity or town)	(	County)		(Stote)
Hour o.m.	19	While	Not while ot work	toctory	, street, office bldg.	, etc.)					
					10	2/ 12 1	11		_		
	at I attended the										
alive an 26	February	, 19_6	Q, and that	death ac	curred at 1:	30AM, fran	n the causes o	and an th	e date		
,		1	0			ADDRESS	(Street, city or tow	n, stote)		DATI	SIGNED
SIGNATURE	tanle	Are	galuca	M.D					2	26 F	eb 60
			1								
PHYSICIAN'S ST	ANLEY SIEG	ELMAN,	CAPT., MC		U.S. Arn	ny Hosp	ital, For	rt Geo	G Me	eade	, Md
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR CI	REMATORY	22d. LOC	ATION (City, town	, or county)		(Stote	)
REMOVAL (Specify)	29th.Fe	b.60	Family	Cemet	PIV	В	io Stone	Gan.	Vi	rair	
23. FUNERAL DIRECTOR		111	ADDRESS			REC'D BY REG		GISTRAR'S SI		-	
Malal	V- Duits	1	Glen Bur	nje,	Md.			Thun S.	traus		

MEDIA CARLES PARTY

#### FOR STATE HEALTH DEPT.

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VS. A15ME SM 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	5	.7	X	
U	-	U	-	0	

15/.0	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY OF CLOSURE MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before-admission) o. STATE (
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 CONTROL OF STAY IN 16 CONTRO	c. CITY OR TOWN (It outside carporole limits, write RURAL and give hearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \no \sum \)
3. NAME OF DECEASED (Type or print) (Type or print)	atts 4. DATE Month Doy Year OF DEATH 2 16 1960
Male Cal WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years figel birthday)  9. AGE (In years figel birthday)
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if refired)	STRY 11. BIRTHPLACE (State or Foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Deter Watts	14. MOTHER'S MAIDEN NAME JOUISE BROWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY NO. 177	RIPORMANT Address Edgenater Ma
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which (b)	Service Singer and Deaphs
gave rise to immediate cause (a), stating the underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NOT
	(Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PL While Not while fa of wark all work	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (City ar town) (County) (State)
21. I certify that I took charge of the remains described ab opinion death resulted from: Natural causes Accident	
ACTUAL SIGNATURE Chambers of the state of th	M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER
EXAMINER'S E. LINGSKAT.	DEPUTY MEDICAL EXAMINERY 716 /60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHICAGO (CONTROL 2-21-1960)	Thapel Sagenates Md
23- FUNERAL DIRECTOR'S SIGNATURE ADDRESS NULLEUM Research (MANCE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 2 5 '60  College & Kana

	MEDICAL EXAMINER & CERTIFICATE OF DEATH	
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220-NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town

or county)

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

FUNERAL 0 VS A1S (4)

220. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

MARYADID STATE DEPARTMENT OF NEALTH-BALLINGTON CORP. I B

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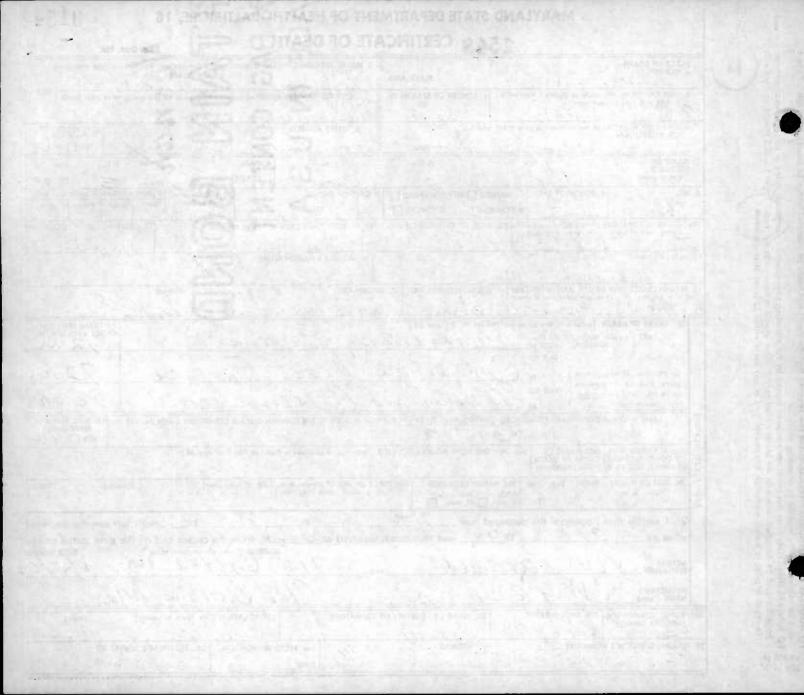
death. Page 4

TO HOSPITAL CONTINUOUS PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shifter registrar prior to burial, cremation, or remanal, and in any event within 72 hours often deathers.

VS A15 (4) 15M 10/57

1548 CERTIFICATE OF DEATH Reg. Dist. No.	0-0-2
1. PLACE OF DEATH o. COUNTY o. COUNTY MARYLAND  2. USUAL RESIDENCE Where deceased lived. If institution: Residence before on the county b. COUNTY Maryland  Maryland  And According to the county  Maryland  Maryland	re admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nea	arest town)
or Institution  The 289 - Walle Medical Street address (Street Address)  OR INSTITUTION  OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  OF DECEASED (Type or print)  OF DEATH Fabruary 3	Yeor 19 60
While What WIDOWED DIVORCED 1804 1874 South Doy's	Hours Min.
Streeten Motorman (ut.) P-10 Co. Elm, Hew Jerry Hos	WHAT COUNTRY?
13. FATHER'S NAME  (Unknown) Wilson  (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   11 year give war or dates of service)   16. SOCIAL SECURITY NO. 17. INFORMANT   Mr. Charles & Wilson & Address & Mr. Charles & Wilson & Address & Mr. Charles & Wilson & Wils	2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Pular ONCONG	SET AND DEATH
Conditions, if ony, which gove rise to immediate (b) Con gesture Heart Frifune	72hs
couse (o), stoting the under- DUE TO GENERAL 3 ed CIRTERIO SCIERIS is	104Rs
Sen-tita	9. WAS AUTOPSY PERFORMED? YES NO 1
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  20d. INJURY OCCURRED While Not while of work o	(Stote)
21. I certify that I attended the deceased fram. 7/20, 194 7to 7to 1960, that I last sa alive an 1960, and that death accurred at 25 3/2 M, from the causes and an the dat	
ACTUAL SIGNATURE SUM M.D. 715 Cotten Rd	DATE SIGNED
PHYSICIAN'S R.W. PRICHARD Glor Burnie, Md	
220. BURIAL CREMATION: 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE (Land Survis) M. DATE 10 8 160 CILLING S. KINGHATUR	



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON & FARM? NOF 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours UL) DIVORCED T WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, (even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, no or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one poose per line for (o), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) 0. m While Not while ot work at work p. m. 21. I certify that I attended the deceased from. 19____that I last saw the deceased and that death occurred AM, from the causes and on the date stated above. ADDRESS (Street, DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERALADIRECTOR'S SIGNATURE

24a. RECHO BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE	OF	DEATH

Reg. Dist. No. 01545

L	1556 CERTIFIC	ATE OF DEATH	g. Dist. No. U1545
1.	PLACE OF DEATH O. COUNTY AND AFUNDE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Real STATE B. COUNTY B. COUNTY	esidence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURA) and give nearest tawn)	c. CITY OR JOHN (If obtside corporate limits, write RURAL	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Disney PORM	e. IS RESIDENCE ON A EARM? YES NO
3.	NAME OF DECEASED (Type or print)  First Middle	Zebb 4. DATE Month OF DEATH Februar	Day Year 1960
5.	SEX 6. COLOR OF RACE 7. MARRIED DEVER MARRIED DIVORCED DIVORCED		NDER 1 YEAR IF UNDER 24 HRS.  onths Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDiduring most of working life, eyen if retired)  Farmer (PET)  Self-Employe	USTRY 11. BIRTHPLACE State or foreign country)  1  Cattoll Co- 1 Md.	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME Extre Zrbb	Mary James on	
	WAS DECEASED EVER IN.U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17.  (If you give wor or dates of force)  2/3-/3-7984	INFORMANT Address 14t3-Grace H-Zebb- Sam	c Ast 2
	18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Jasenlos Ariease	INTERVAL BETWEEN ONSET AND DEATH
	481X DUE TO Conditions, if ony, which)	Elevasio & Ha, proteon	10 Mg
	gove rise to immediate cause (a), stating the under-lying cause last.		3-4 day
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IT	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P While Nat while of wark at work	PLACE OF INJURY (Home, farm, 20f. (City or town) actary, street, affice bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased fram.		at I last saw the deceased
	ACTUAL SIGNATURE Chas - L-Ball J.	M.D. ADDRESS (Street, city or town, state)	
	PHYSICIAN'S Charles L. Ball, M.D.	Linthicum Haltsing	MJ.
L	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, 10wn, or con	unty) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE GROBESS	MA 24a. REC'D BY REGISTRAR 24b. REGISTRAS DATE FEB 1 1 160 CXI	S SIGNATURE

CATE OF DEATH	NET RES
South San Service	

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, Year Hour o. m

20d. INJURY OCCURRED While Not while of work of work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

DATE SIGNED

21. I certify that attended the deceased fram Wellston

__, and that death occurred at 1120 L.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote)

ACTUAL PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

220. BURIAL CREMATION. 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Thank

12, 1966, that I last saw the deceased

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